

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601041

Entity Name: PODHURST ORSECK, P.A.**Current Principal Place of Business:**25 W. FLAGLER ST
#800
MIAMI, FL 33130**Current Mailing Address:**25 W. FLAGLER ST
#800
MIAMI, FL 33130**FEI Number:** 59-1263738**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOSEFSBERG, ROBERT C
25 W. FLAGLER STREET
#800
MIAMI, FL 33130 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PT
Name	PODHURST, AARON S
Address	25 W FLAGLER ST #800
City-State-Zip:	MIAMI FL 33130

Title	TREASURER
Name	MARKS, STEVEN C
Address	25 W FLAGLER ST #800
City-State-Zip:	MIAMI FL 33130

Title	VP
Name	PRIETO, PETER
Address	25 W FLAGLER STREET #800
City-State-Zip:	MIAMI FL 33130

Title	S
Name	JOSEFSBERG, ROBERT C
Address	25 W FLAGLER STREET #800
City-State-Zip:	MIAMI FL 33130

Title	V
Name	EATON, JOEL D
Address	25 W FLAGLER STREET #800
City-State-Zip:	MIAMI FL 33130

Title	VICE-PRESIDENT
Name	MARTINEZ-CID, RICARDO M ESQ.
Address	25 W. FLAGLER ST #800
City-State-Zip:	MIAMI FL 33130

Title	VP
Name	ROSENTHAL, STEPHEN F. ESQ.
Address	25 W. FLAGLER ST #800
City-State-Zip:	MIAMI FL 33130

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AARON S. PODHURST**PRESIDENT****02/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date