

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601395

Entity Name: ZISSER, ROBISON, BROWN, NOWLIS, MACIEJEWSKI & CABREY P.A.**FILED**
May 15, 2013
Secretary of State
CC4614284761**Current Principal Place of Business:**ONE INDEPENDENT DR.
SUITE 3306
JACKSONVILLE, FL 32202**Current Mailing Address:**ONE INDEPENDENT DR.
SUITE 3306
JACKSONVILLE, FL 32202 US**FEI Number: 59-1279622****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ZISSER, BARRY L.
ONE INDEPENDENT DR., SUITE 3306
JACKSONVILLE, FL 32202 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 | PD |
| Name | ZISSER, BARRY L. |
| Address | ONE INDEPENDENT DR. #3306 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|-----------------|---------------------------|
| Title | VD |
| Name | ZISSER, ELLIOT |
| Address | ONE INDEPENDENT DR. #3306 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|-----------------|---------------------------|
| Title | VD |
| Name | BROWN, DONALD |
| Address | ONE INDEPENDENT DR. #3306 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|-----------------|---------------------------|
| Title | SD |
| Name | NOWLIS, NANCY N |
| Address | ONE INDEPENDENT DR. #3306 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|-----------------|---------------------------|
| Title | VD |
| Name | MACIEJEWSKI, DONALD M |
| Address | ONE INDEPENDENT DR. #3306 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

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: CANDACE M. PHILLIPS**OFFICE MANAGER****05/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date