

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602454

Entity Name: BRYANT MILLER OLIVE P.A.**Current Principal Place of Business:**1545 RAYMOND DIEHL ROAD
SUITE 300
TALLAHASSEE, FL 32308**Current Mailing Address:**1545 RAYMOND DIEHL ROAD
SUITE 300
TALLAHASSEE, FL 32308 US**FEI Number:** 59-1315801**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REID, ROBERT C
1545 RAYMOND DIEHL ROAD
SUITE 300
TALLAHASSEE, FL 32308 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	PRESIDENT
Name	HERRING, JOLINDA L
Address	1 SE 3RD AVENUE SUITE 2200
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	DRAPER, DUANE D
Address	201 NORTH FRANKLIN ST. SUITE 2700
City-State-Zip:	TAMPA FL 33602

Title	CHAIMAN
Name	ZIMMET, ALAN S
Address	201 NORTH FRANKLIN ST. SUITE 2700
City-State-Zip:	TAMPA FL 33602

Title	CFO
Name	MARCINKO, LEONARD T
Address	430 MARGATE
City-State-Zip:	ATLANTA GA 30328

Title	DIRECTOR
Name	BRETH, JASON M
Address	1545 RAYMOND DIEHL RD SUITE 300
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	TAYLOR, MISTY
Address	255 SOUTH ORANGE AVENUE SUITE 1350
City-State-Zip:	ORLANDO FL 32801

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: LEONARD T. MARCINKO**CFO****02/20/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date