

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F60434

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC5401275792**

**Entity Name:** SAMUEL I. BURSTYN, P.A.

**Current Principal Place of Business:**

701 BRICKELL AVENUE  
SUITE 2450  
MIAMI, FL 33131

**Current Mailing Address:**

701 BRICKELL AVENUE  
SUITE 2450  
MIAMI, FL 33131 US

**FEI Number:** 59-2131097

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURSTYN, SAMUEL I.  
701 BRICKELL AVENUE  
SUITE 2450  
MIAMI, FL 33131 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            PST  
Name            BURSTYN, SAMUEL I.  
Address        701 BRICKELL AVE  
                  SUITE 2450  
City-State-Zip: MIAMI FL 33131

Title            D  
Name            BURSTYN, SAMUEL I  
Address        701 BRICKELL AVENUE  
                  SUITE 2450  
City-State-Zip: MIAMI FL 33131

*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:** SAMUEL I. BURSTYN

**DIRECTOR**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date