

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G16303

**Entity Name:** KOZYAK TROPIN & THROCKMORTON, P.A.

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC0667281381**

**Current Principal Place of Business:**

2525 PONCE DE LEON BLVD.  
9TH FLOOR  
MIAMI,, FL 33134

**Current Mailing Address:**

2525 PONCE DE LEON BLVD.  
9TH FLOOR  
MIAMI,, FL 33134 US

**FEI Number: 59-2240304**

**Certificate of Status Desired: No**

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

CHARLES W. THROCKMORTON  
KOZYAK TROPIN & THROCKMORTON, P.A.  
2525 PONCE DE LEON BLVD., 9TH FL.  
CORAL GABLES, FL 33134 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 VP  
Name MOSKOWITZ, ADAM M.  
Address 420 ROVINO AVENUE  
City-State-Zip: CORAL GABLES FL 33156

Title P  
Name TROPIN, HARLEY S.  
Address 5845 SW 93 ST  
City-State-Zip: MIAMI FL 33156

Title VPS  
Name THROCKMORTON, CHARLES W.  
Address 10005 SW 63RD PLACE  
City-State-Zip: MIAMI FL 33156

Title D  
Name HARTMANN, KENNETH R  
Address 11360 SW 60 AVE  
City-State-Zip: MIAMI FL 33156

Title D  
Name MCQUILKIN, GAIL A  
Address 1521 ALTON RD 545  
City-State-Zip: MIAMI BEACH FL 33139

*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: CHARLES W. THROCKMORTON**

**VPS**

**01/14/2015**

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

\_\_\_\_\_  
Date