2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2013
Secretary of State
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Entity Name: CALER, DONTEN, LEVINE, COHEN, PORTER & VEIL, P.A.

Current Principal Place of Business:

SCOTT PORTER
505 S FLAGLER DR, SUITE 900
WEST PALM BEACH, FL 33401

Current Mailing Address:

SCOTT PORTER
505 S FLAGLER DR, SUITE 900
WEST PALM BEACH, FL 33401 US

FEI Number: 59-2831281

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALER, WILLIAM KJR
505 S FLAGLER DR, SUITE 900
WEST PALM BEACH, FL 33401 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	DV
Name	DONTEN, DAVID S
Address	2334 PALM HARBOUR DR
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DV
Name	LEVINE, JOEL H
Address	2050 SUNDERLAND AVENUE
City-State-Zip:	WELLINGTON FL 33414

Title	DV
Name	VEIL, MARK D
Address	107 WOODSMUIR COURT
City-State-Zip:	PALM BCH GARDENS FL 33418

Title	DV
Name	PORTER, SCOTT L
Address	14211 LITTLE CYPRESS CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DS
Name	CALER, WILLIAM KJR
Address	234 DYER RD
City-State-Zip:	WEST PALM BEACH FL 33405

Title	P
Name	COHEN, LOUIS M
Address	732 SANDY POINT LANE
City-State-Zip:	PALM BEACH GARDENS FL 33410

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: SCOTT L PORTER VICE PRESIDENT 01/30/2013

Electronic Signature of Signing Officer/Director Detail — Date