

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000006955

**FILED**  
**Feb 03, 2016**  
**Secretary of State**  
**CC5601438406**

**Entity Name:** DONNA B. MICHELSON, P.A.

**Current Principal Place of Business:**

2937 SW 27TH AVE  
206  
MIAMI, FL 33133

**Current Mailing Address:**

2937 SW 27TH AVE  
206  
MIAMI, FL 33133

**FEI Number:** 65-1067204

**Certificate of Status Desired:** No

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

MICHELSON, DONNA B  
2937 SW 27TH AVENUE  
206  
MIAMI, FL 33133 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            D  
Name            MICHELSON, DONNA B  
Address        10301 S.W. 69TH AVENUE  
City-State-Zip: MIAMI FL 33156

Title            VP  
Name            MICHELSON, LAWRENCE F  
Address        10301 S.W. 69TH AVENUE  
City-State-Zip: MIAMI FL 33156

*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:** DONNA B MICHELSON

D

02/03/2016

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

\_\_\_\_\_  
Date