

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000016261

**Entity Name:** MANDELBAUM,FITZSIMMONS,HEWITT AND CAIN, P.A.

**Current Principal Place of Business:**

100 SO. ASHLEY DR.#1100  
TAMPA, FL 33602

**Current Mailing Address:**

P.O. BOX 3373  
TAMPA, FL 33601

**FEI Number: 59-3697868**

**Certificate of Status Desired: No**

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

HEWITT, SCOTT K  
102 WEST WHITING ST.  
SUITE 201  
TAMPA, FL 33602 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 MANDELBAUM, SAMUEL R  
Address 102 W WHITING ST. SUITE 201  
City-State-Zip: TAMPA FL 33601

Title D  
Name FITZSIMMONS, KEVIN J  
Address 102 W WHITING ST. SUITE 201  
City-State-Zip: TAMPA FL 33601

Title D  
Name HEWITT, SCOTT K  
Address 102 W WHITING ST, SUITE 201  
City-State-Zip: TAMPA FL 33602

Title D  
Name CAIN, JOHN N  
Address 102 W WHITING ST, SUITE 201  
City-State-Zip: TAMPA FL 33602

*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 K. HEWITT**

**PARTNER**

**04/24/2015**

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

\_\_\_\_\_  
Date