

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000088048

**Entity Name:** ROBINSON PECARO & MIER, P.A.

**Current Principal Place of Business:**

5599 SOUTH UNIVERSITY DRIVE  
SUITE 103  
DAVIE, FL 33328

**Current Mailing Address:**

5599 SOUTH UNIVERSITY DRIVE  
SUITE 103  
DAVIE, FL 33328

**FEI Number:** 65-1135284

**Certificate of Status Desired:** No

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

ROBINSON, JAMES D  
5599 SOUTH UNIVERSITY DRIVE  
SUITE 103  
DAVIE, FL 33328 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 P  
Name ROBINSON, JAMES D  
Address 5599 SOUTH UNIVERSITY DRIVE,  
SUITE 103  
City-State-Zip: DAVIE FL 33328

Title VP  
Name PECARO, PAUL R  
Address 5599 SOUTH UNIVERSITY DRIVE,  
SUITE 103  
City-State-Zip: DAVIE FL 33328

Title T  
Name MIER, NINOWTZKA  
Address 5599 SOUTH UNIVERSITY DRIVE,  
SUITE 103  
City-State-Zip: DAVIE FL 33328

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:** JAMES D. ROBINSON

**MANAGING PARTNER**

**04/06/2015**

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

\_\_\_\_\_  
Date