

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000082035

**FILED**  
**Mar 31, 2022**  
**Secretary of State**  
**2573566626CC**

**Entity Name:** GUTTER CHAVES JOSEPH R RUBIN FORMAN FLEISHER MILLER P.A.

**Current Principal Place of Business:**

2101 CORPORATE BLVD., SUITE 107  
BOCA RATON, FL 33431

**Current Mailing Address:**

2101 CORPORATE BLVD., SUITE 107  
BOCA RATON, FL 33431

**FEI Number: 45-0485034**

**Certificate of Status Desired: No**

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

M & W AGENTS, INC.  
2101 CORPORATE BLVD., SUITE 107  
BOCA RATON, FL 33431 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 DP  
Name RUBIN, CHARLES D  
Address 2101 CORPORATE BLVD  
City-State-Zip: BOCA RATON FL 33431

Title DVP  
Name JOSEPH R, RICHARD A  
Address 2101 CORPORATE BLVD  
City-State-Zip: BOCA RATON FL 33431

Title DVP  
Name FORMAN, PETER J  
Address 2101 CORPORATE BLVD  
City-State-Zip: BOCA RATON FL 33431

Title DVST  
Name CHAVES, ROBERT A  
Address 2101 CORPORATE BLVD STE 107  
City-State-Zip: BOCA RATON FL 33431

Title DVP  
Name FLEISHER, NORMAN  
Address 2101 CORPORATE  
City-State-Zip: BOCA RATON FL 33431

Title DVP  
Name MILLER, LAWRENCE  
Address 2101 CORPORATE BLVD., SUITE 107  
City-State-Zip: BOCA RATON FL 33431

*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 RUBIN**

**PRESIDENT**

**03/31/2022**

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

\_\_\_\_\_  
Date