

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000126616

Entity Name: MSPB SEPARATE ACCOUNT, INC.

Current Principal Place of Business:

5700 LAKE WORTH ROAD
SUITE 204
LAKE WORTH, FL 33463

FILED
Apr 25, 2013
Secretary of State
CC5719097113

Current Mailing Address:

5700 LAKE WORTH RD STE 204
LAKE WORTH, FL 33463

FEI Number: 20-0370181

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, JOHN
5700 LAKE WORTH ROAD
SUITE 204
LAKE WORTH, FL 33463 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: JOHN BROWN

04/25/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P/D
Name GOLDENBERG, JAMES M.D.
Address 140 JFK DRIVE
City-State-Zip: ATLANTIS FL 33462

Title V/D
Name LEVIN, ROBERT M.D.
Address 1397 MEDICAL PARK BLVD #420
City-State-Zip: WELLINGTON FL 33414

Title S/D
Name TOME, ROBERT M.D.
Address 1490 FOREST HILL BLVD.
City-State-Zip: WPB FL 33406

Title T/D
Name ROSENFELD, THOMAS M.D.
Address 5401 SOUTH CONGRESS AVE, #211
City-State-Zip: ATLANTIS FL 33462

Title CHAIRMAN
Name KRASNER, STEPHEN M.D.
Address 5401 S. CONGRESS AVE. #102
City-State-Zip: ATLANTIS FL 33462

Title CEO
Name BROWN, JOHN
Address 5700 LAKE WORTH ROAD #204
City-State-Zip: LAKE WORTH FL 33463

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: JOHN BROWN

CEO

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date