

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000075640

**Entity Name:** CDA OF AMERICA, INC.

**Current Principal Place of Business:**

500 SOUTH AUSTRALIAN AVENUE  
SUITE 700  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

500 SOUTH AUSTRALIAN AVENUE  
SUITE 700  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 65-0445502

**Certificate of Status Desired:** No

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

SHEEHAN, BEN  
500 SOUTH AUSTRALIAN AVENUE  
SUITE 700  
WEST PALM BEACH, FL 33401 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 PD  
Name SHEEHAN, PATRICK J  
Address 500 SOUTH AUSTRALIAN AVENUE  
STE 700  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP  
Name SHEEHAN, BEN  
Address 500 SOUTH AUSTRALIAN AVENUE  
STE 700  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP  
Name KYRKOSTAS, EMILY  
Address 500 SOUTH AUSTRALIAN AVENUE  
STE 700  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** PATRICK SHEEHAN

**PRESIDENT**

**04/23/2015**

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

\_\_\_\_\_  
Date