

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000000782

**FILED**  
**Mar 26, 2013**  
**Secretary of State**  
**CC2222706919**

**Entity Name:** ROBERT R. MORRIS, P.A.

**Current Principal Place of Business:**

685 ROYAL PALM BCH BLVD  
STE 205  
ROYAL PALM BCH, FL 33411

**Current Mailing Address:**

685 ROYAL PALM BCH BLVD  
STE 205  
ROYAL PALM BCH, FL 33411 US

**FEI Number:** 65-0633416

**Certificate of Status Desired:** No

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

MORRIS, ROBERT R  
685 ROYAL PALM BCH BLVD  
STE 205  
ROYAL PALM BCH, FL 33411 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            PRESIDENT, TREASURER, DIRECTOR  
Name            MORRIS, ROBERT R  
Address        685 ROYAL PALM BCH BLVD  
                  STE 205  
City-State-Zip: ROYAL PALM BCH FL 33411

Title            VP  
Name            MORRIS, SCHERRY L  
Address        685 ROYAL PALM BCH BLVD SUITE  
                  205  
City-State-Zip: ROYAL PALM BCH FL 33411

Title            S  
Name            SHIELDS, TERESA A  
Address        685 ROYAL PALM BCH BLVD  
City-State-Zip: ROYAL PALM BCH FL 33411

Title            EXVP  
Name            SHIELDS, LES C  
Address        685 ROYAL PALM BCH BLVD  
City-State-Zip: ROYAL PALM BCH FL 33411

*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:** ROBERT R. MORRIS

**PRESIDENT**

**03/26/2013**

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

\_\_\_\_\_  
Date