


**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90121 040 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # 677880**  
 1. Entity Name  
**STEPHEN SCHREIBER, M.D., P.A.**



|  |  |
|--|--|
| Principal Place of Business<br>1561 W FAIRBANKS AVE.<br>STE. 100<br>WINTER PARK, FL 32789-4678 | Mailing Address<br>1561 W FAIRBANKS AVE.<br>STE. 100<br>WINTER PARK, FL 32789-4678 |
|--|--|

66025526



06282005 No Chg-P CR2E034 (10/03)

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|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-2014783                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent  
 SCHREIBER, STEPHEN MD  
 3136 HOLIDAY AVE.  
 APOPKA, FL 32703

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 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing)  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

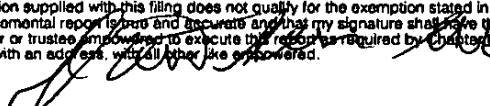
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PST<br>SCHREIBER, STEPHEN<br>3136 HOLIDAY AVE.<br>APOPKA, FL 32703 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **7-8-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #