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FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K13658

(5)

1. Corporation Name:

GERALD E. SCHMIDT, M.D., P.A.

Principal Place of Business

1590 N W 10TH AVE  
STE 301  
BOCA RATON FL 33486-1364  
US

Mailing Address

1590 NORTH WEST 10TH AVENUE  
SUITE 301  
BOCA RATON FL 33486-1364  
US

2. Principal Place of Business

21 600 NORTH OCEAN BOULEVARD  
Suite, Apt. #, etc.

22 City & State

23 DEERFIELD BEACH FLORIDA

24 Zip

33441

Country

25 USA

2a. Mailing Address

26 600 NORTH OCEAN BOULEVARD  
Suite, Apt. #, etc.

27 City & State

28 DEERFIELD BEACH FLORIDA

29 Zip

33441

Country

30 USA

3. Date Incorporated or Qualified

02/03/1988

3a. Date of Last Report

02/01/1996

4. FEI Number

65-0027148

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SCHMIDT, GERALD E M.D.  
1590 NW 10TH AVE.  
SUITE 301  
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
600 NORTH OCEAN BOULEVARD

83

84 City

DEERFIELD BEACH

FL

85 Zip Code

33441

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Gerald E. Schmidt*  
Signature, typed or printed name of registered agent, and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DPS	SCHMIDT, GERALD E M.D.	600 N. OCEAN BLVD.	DEERFIELD BEACH FL	<input type="checkbox"/>
TV	SCHMIDT, GERALD E M.D.	600 N. OCEAN BLVD.	DEERFIELD BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: /

*Gerald E. Schmidt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0337040

CR2E034 (9/96)