## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90022 015 \*\*\*150.00

## **DOCUMENT # K13658**

1. Corporation Name

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

Principal Place	of Business	Mailing Address				- I (BB) BILL BUR FIRE BILL BURN BLUR INTERFERENCE		18:1 8191 <del>:</del> 1991
600 N OCEAN BLVD		800 N OCEAN BLVD						
DEERFIELD BCH FL 33441		DEERFIELD BCH FL 33441			DO NOT WRITE IN THIS	SPACE		
US		US			3. Date Incorporated or Qualifed			
						02/03/1988		
2 Principal Fi	ace of Business	2a. Mailing Address				4. FEI Number	Ар	plied For
21	add of Basilloos	26				65-0027148	No	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27			5. Certificate of Status Bosinos	Fee Re	quired	
City & State		City & State			6. Election Campaign Financing	\$5.00	′ 1	
23		28			Trust Fur d Contribution	Added t	o F∋es	
Zip	Countr/ Zip Cou			'		<ol><li>This corporation owes the current year Interpretation Property Tax.</li></ol>	angible XiYes	□ 10
24	25	29 30				10. Name ar d Address of New Registered		
	9. Name and Address of Curren	Registered Agent	81	Na Na	ame	10, Name at a Addition of the state of the s		
SCH	MIDT, GERALD E M.D.							
	N OCEAN BLVD		82	St	reet Addre	ess (P.O. Box Number is Not Acceptable)		
	RFIELD BCH FL 33441		83	<del> </del>				
							Tec 7in C	<u></u>
			84	Ci	ty	FL	85 Zip 0	EDO
11. Pursuan	to the provisions of Sec ions 607.050	2 and 607.1508, Florida Statutes, th	e abov	e-nai	med corpo	pration submits his statement for the purpose of	changing its	registered
office or n	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was author	izea dv	ine i	corporation	n's board of directors. I hereby accept the appo	illinent as reg	JISC FIEU
_	aria and accopt the conga							
SIGNATURE	Signature, typed or printed name of registered age	nt ar d title if applicable (NOTE: Regis	tered Age	nt sign	t equire	when reinstating) DATE		
12.			13.			ADDITION S/CHANGES TO OFFICERS A	D DIRECTO Change	RS IN 12
TITLE	DPS	"	1.1 TITLE				Gridings	1 7 100 110 11
NAME	SCHMIDT, GERALD E M.D.		12 NAME					
STREET ADDRESS	600 N. OCEAN BLVD.		1.3 STREE					
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-S 2.1 TITLE	31-ZIP			Change	Addition
TITLE	COUNTY CERMINE M.D.	_	22 NAME					
STREET ADDRES	600 N. OCEAN BLVD.	String 1, GET OLD E 111.5.		TADD	RESS			
CITY-ST-ZIP	DEERFIELD BEACH FL		2. 4 CITY-5		ĺ			
TITLE			3.1 TMLE	<u></u>	<del>-   -</del>		☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRES 3	335		33STREE	TADD	RESS			
CITY-ST-ZIP	3.4 (		3.4 CITY-	ST-Z!F	,			
TITLE	- اسر - ا		4.1 TITLE				Change	Addition
NAME			4 2 NAME					
STREET ADDRESS			4 3 STREE					
CITY-ST-ZIP			4.4 CITY- S	ST-ZIP	<u>'</u>		Change	Addition
TITLE			5.1 TITLE 5.2 NAME				□ Change	
NAME			5.3 STREE		RESS			
STREET ADDRESS			5.4 CITY-8		1			
CITY-ST-ZIP			6.1 TITLE				Change	Addition
NAME			6.2 NAME					· <del>-</del>
STREET ADDRESS			6.3 STREE	ET ADD	RESS			
CITY-ST-ZIP			6.4 CITY- S					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(\$)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental a noual 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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an effective my with an address, with all other like empowered.

SIGNATURE: 1

CITY-ST-ZIP

CR2E034 (11/98)