


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # K13658

1. Entity Name
 GERALD E. SCHMIDT, M.D., P.A.



Principal Place of Business 600 N OCEAN BLVD DEERFIELD BCH, FL 33441 US	Mailing Address 600 N OCEAN BLVD DEERFIELD BCH, FL 33441 US
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DO NOT WRITE IN THIS SPACE



04242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0027148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, GERALD E M.D.
 600 N OCEAN BLVD
 DEERFIELD BCH, FL 33441

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SCHMIDT, GERALD E M.D. 600 N. OCEAN BLVD. DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV SCHMIDT, GERALD E M.D. 600 N. OCEAN BLVD. DEERFIELD BEACH, FL
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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 an officer like empowered.

SIGNATURE: *Gerald E Schmidt, M.D.* **President** *4/27/04* *954 969 1325*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #