

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 677880

Entity Name: STEPHEN SCHREIBER, M.D., P.A.

Current Principal Place of Business:

489 OAK HAVEN DR
UNIT E
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

489 OAK HAVEN DR
UNIT E
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 59-2014783

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHREIBER, STEPHEN MD
489 OAK HAVEN DR
UNIT E
ALTAMONTE SPRINGS, FL 32701 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 PST
Name SCHREIBER, STEPHEN
Address 489 OAK HAVEN DR
UNIT E
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: JUDY SCHREIBER

ADMINISTRATIVE
ASSISTANT

04/17/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date