

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K13658

**Entity Name:** GERALD E. SCHMIDT, M.D., P.A.**Current Principal Place of Business:**2717 NE 29TH CT  
FORT LAUDERDALE, FL 33306**Current Mailing Address:**2717 NE 29TH CT  
FORT LAUDERDALE, FL 33306 US**FEI Number:** 65-0027148**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHMIDT, GERALD E DR.  
3011 NE 46TH ST  
FT LAUDERDALE, FL 33308 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:** GERALD E SCHMIDT MD

03/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCHMIDT, GERALD E. DR.  
Address        2717 NE 29TH CT  
City-State-Zip: FT LAUDERDALE FL 33306

Title            VP  
Name            SCHMIDT, GERALD E. DR.  
Address        2717 NE 29TH CT  
City-State-Zip: FORT LAUDERDALE FL 33306

Title            S  
Name            SCHMIDT, GERALD E. DR.  
Address        2717 NE 29TH CT  
City-State-Zip: FORT LAUDERDALE FL 33306

Title            T  
Name            SCHMIDT, GERALD E DR.  
Address        2717 NE 29TH CT  
City-State-Zip: FORT LAUDERDALE FL 33306

Title            D  
Name            SCHMIDT, GERALD E DR.  
Address        2717 NE 29TH CT  
City-State-Zip: FORT LAUDERDALE FL 33306

*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:** GERALD SCHMIDT

PRESIDENT

03/12/2019

Electronic Signature of Signing Officer/Director Detail

Date