

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000055096

Entity Name: CRAIG B. SCHROEDER D.D.S., P.A.

Current Principal Place of Business:

1045 E. ATLANTIC AVE.
SUITE 304
DELRAY BEACH, FL 33483

Current Mailing Address:

1045 E. ATLANTIC AVE.
SUITE 304
DELRAY BEACH, FL 33483 US

FEI Number: 65-0525752

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHROEDER, CRAIG B
1045 E. ATLANTIC AVE #304
DELRAY BEACH, FL 33483 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 DDS
Name SCHROEDER, CRAIG BD.D.S.
Address 1045 E. ATLANTIC AVE., #304
City-State-Zip: DELRAY BEACH FL 33483

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: CRAIG B. SCHROEDER D.D.S.

DENTIST

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date