

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000008827

**Entity Name:** ROSEMARIE N. SCHADAE P.A.

**Current Principal Place of Business:**

200 S BISCAYNE BLVD  
4100  
MIAMI, FL 33131

**Current Mailing Address:**

200 S BISCAYNE BLVD  
4100  
MIAMI, FL 33131 US

**FEI Number:** 65-0567187

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF MIAMI  
200 S BISCAYNE BLVD  
SUITE 4100 (RNS)  
MIAMI, FL 33131 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            D/P  
Name            SCHADAE, ROSEMARIE N  
Address        200 S BISCAYNE BLVD #4100  
City-State-Zip: MIAMI FL 33131

Title            D  
Name            PERRONE, STEPHEN L  
Address        200 S BISCAYNE BLVD #4100  
City-State-Zip: MIAMI FL 33131

Title            D  
Name            GIBBONS, K  
Address        200 S. BISCAYNE BLVD., #4100 (RNS)  
City-State-Zip: MIAMI FL 33131

*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:** ROSEMARIE N. SCHADAE

**PRESIDENT**

**04/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date