

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90078 011 ***150.00

DOCUMENT # 484663

1. Entity Name
FISCHER, SCHEMMER & SILBINGER, M.D., P.A.



Principal Place of Business
**400 AVENUE K. SE. SUITE D
WINTER HAVEN FL 33880**

Mailing Address
**400 AVENUE K. SE. SUITE D
WINTER HAVEN FL 33880**



2. Principal Place of Business
215 First Street North #200

3. Mailing Address
215 First Street North #200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WINTER HAVEN FL

City & State
WINTER HAVEN FL

4. FEI Number **59-1631538**

Applied For
☐ Not Applicable

Zip Country
USA

Zip Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FISCHER, FRANK J. M.D.
400 AVE K, SE
WINTER HAVEN FL 33880**

Name **Schemmer, Gary B.**
Street Address (P.O. Box Number is Not Acceptable)
215 FIRST STREET North #200
City **WINTER HAVEN** FL Zip Code **33881**

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: Gary Schemmer
(Signature, typed or printed name of registered agent and title if applicable.)

Gary Schemmer
(NOTE: Registered Agent signature required when reinstating)

1/2/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FISCHER, FRANK J. 400 AVE K, SE WINTER HAVEN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHEMMER, GARY B. 400 AVE K, SE WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILBINGER, JONATHAN S 400 AVENUE K, SE #4 WINTER HAVEN FL 33880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Fischer, Frank J. III 215 FIRST STREET North #200 WINTER HAVEN FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Schemmer, Gary B. 215 FIRST STREET North #200 WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Silbinger, Jonathan S 215 FIRST STREET North #200 WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or without like empowered.

SIGNATURE: Gary Schemmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/6/03 Daytime Phone # 2945457

CR2E034 (10/02)