2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2005
Secretary of State

DOCUMENT# 487158

Entity Name: JOHN J. SCHOPPE, D.P.M., P.A.

Current Principal Place of Business:

717 E OSCEOLA
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

717 E OSCEOLA
STUART, FL 34994

New Mailing Address:

FEI Number: 59-1633679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOPPE, JOHN J
717 E OSCEOLA
STUART, FL 34994 US

Name and Address of New Registered Agent:

JOHN J. SCHOPPE
717 EAST OSCEOLA STREET
STUART, FL 34994 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: JOHN J. SCHOPPE 10/07/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHOPPE, JOHN J.,
Address: 717 E OSCEOLA ST
City-St-Zip: STUART, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SCHOPPE, JOHN J., D., P.M. P.A.
Address: 717 E OSCEOLA ST
City-St-Zip: STUART, FL 34994

Title: PRES ( ) Change (X) Addition
Name: SCHOPPE, JOHN J
Address: 717 EAST OSCEOLA STREET
City-St-Zip: STUART,, FL 34994 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN J. SCHOPPE D.P.M. P.A. PRES 10/07/2005
Electronic Signature of Signing Officer or Director Date