2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 567051

Entity Name: CHARLES E. SCHMIDT, M.D., P.A.

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1120 BAYVIEW DR 4907 NW 67 AVE

FT. LAUDERDALE, FL 333042505 LAUDERHILL, FL 333197219

Current Mailing Address: New Mailing Address:

1120 BAYVIEW DR 4907 NW 67 AVE

FT. LAUDERDALE, FL 333042505 LAUDERHILL, FL 333197219

FEI Number: 59-1829616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHMIDT, CHARLES E. SCHMIDT, CHARLES E. 1120 BAYVIEW DRIVE 4907 NW 67 AVE

FT. LAUDERDALE, FL US LAUDERHILL, FL 333197219 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: 01/08/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 SCHMIDT, CHARLES E.,
 Name:
 SCHMIDT, CHARLES E.,

 Address:
 1120 BAYVIEW DR
 Address:
 4907 NW 67 AVE

City-St-Zip: FT. LAUDERDALE, FL City-St-Zip: LAUDERHILL, FL 333197219

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHARLES E. SCHMIDT, MD PD 01/08/2007