2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

567051 DOCUMENT #

1. Entity Name

CHARLES E. SCHMIDT, M.D., P.A.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90145 001 ***150.00

Principal!Place											
1120 BAYVIEW FT: LAUDERDA	DR 🙏 🖫		1120 B	Address AYVIEW DR IDERDALE FL 333	04-2505						
2. Principal Place of Business			3. Mailin	3. Mailing Address							B1811 31811 (33)
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City &	State			. FEI Number	59-1829616	6	\rightarrow	Applied For Not Applicable
Zip		Country	Zip		Country		5. Certificate of	Status Desired		88.75 Ac	ditional
	6 Name	and Address of C	uzrent Registered	Agent	<u> </u>		. Name and A	ddress of New I			. –
	U. IVAIIIE	and Address of C	dirent negistered		Name				<u>_</u>		
SCHMIDT	CHARLES	F							`		
SCHMIDT, CHARLES E. 1120 BAYVIEW DRIVE				Street Address). Box Number i	s Not Acceptable	e)		
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ft. Laude	EKVALE FL					····				1 7: 6	
					City				FL	Zip Co	de
8 The above	named entit	submits this state	ment for the purpor	se of changing its	registered office o	r registered	agent, or both,	in the State of Fl	orida. I am fa	amiliar with	n, and accept
	ions of regist		There io, the purpor	oo or orlanging in	, 109.0.000		-3				
SIGNATURE _	Signature, typed	or printed name of register	red agent and title if applic	able. (NOT	FE: Registered Agent signal	ture required wh	en reinstating)		DATE		

FI	ILE NOW!	! FEE IS \$150.	00					O C	nancina	ው ሮ	00 May Be
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer of officer of officer of officer of officer 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 all other like empowered. SIGNATURE: CLEUTE SIGNATURE E. SCHMI DT. MO