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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 600556

(5)

MICHAEL E. SCHOEFFEL, M. D., & ASSOCIATES, P.A.

Principal Place of Business Mailing Address 8050 HWY A1A SO. 8050 HIGHWAY A1A SOUTH **STE 3606** DO NOT WRITE IN THIS SPACE ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086 3. Date Incorporated or Qualified 11/05/1968 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1221840 Not Applicable 21 Suite Apt # etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent **B1** Name SCHOEFFEL, MICHAEL E. 8050 HWY A1A SOUTH 62 Street Address (P.O. Box Number is Not Acceptable) #3606 ST. AUGUSTINE FL 32086 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Change ☐ Addition TITLE DELETE 1.1 TITLE SCHOEFFEL, ME NAME 1.2 NAME 8050 HIGHWAY A1A SOUTH 1.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME

64 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

3/26/98

FILED

Apr 01 1998 8:00am

Secretary of State