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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 600556 1. Corporation Name

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

FILED
Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90035 017 ***150.00



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	Principal Place of Business	Mailing Address			I ARBIER WIATI WRITE WATER WITH BIFIN BEI	MINITER BINS NINIT AINT	I 010)1 01011 1001		
J	8050 HWY A1A SO.	I							
ĺ	STE 3606	8050 HIGHWAY A1A SOUTH #3606	•						
ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086 US					DO NOT WRITE IN	THIS SPACE			
					3. Date Incorporated or Qualifed			7	
ļ	}				11/05/1968	9		-	
	2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Α	opplied For	ب.	
ļ	21	26			59-1221840		lot Applicable		
Suite, Apt. #, etc Suite, Apt. #, etc				\$8.75 Additional				- 45-	
22 27				5. Certificate of Status Desired Fee Required					
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	1	
I	23	28			Trust Fund Contribution		I to Fees		
Ì	Zip Country	Zip	Country		8. This corporation owes the current ye	ear Intangible]	
I	24 25	29	30			Yes	□No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Regist	tered Agent]	
I	CONDECED MONEY	į		81 Name					
ļ	SCHOEFFEL, MICHAEL E.	LASSES WILL BY	1	82 Street Addr	ress (P.O. Box Number is Not Acceptable)			1	
8050 HWY ATA SOUTH A SASSOCIATION OF THE ASSOCIATION OF THE SASSOCIATION OF THE SASSOC			ł		TEST TO THE PROPERTY OF THE PR	<u> </u>	. <u>5 5 </u>		
١	#3606		Ī	83					
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				84 City		FL 85 Zip	Code		
I	11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the ab	ove-named corp	oration submits this statement for the purpo	se of changing it	s registered	1	
١	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	e of Florida. Such change was au	thorized	by the corporation	on's board of directors. I hereby accept the	appointment as r	egistered		
١	SIGNATURE	Allons of, Section Corrosos, Flori	Ju Diaiu						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rr				Agent signature require	d when reinstating) 1, 7,45,57	TE			
12. OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT	ORS IN 12	(11/98)		
1	TITLE PS	☐ DELETE	1,1 TIT	Ē	59-12218-0	☐ Change	Addition	1	
	NAME SCHOEFFEL, ME		1.2 NA	ME	et in linguage in han thigh			7	
STREET ADDRESS 8050 HIGHWAY A1A SOUTH		1.3 STF	REET ADDRESS				32F034		
١	CITY-ST-ZIP ST. AUGUSTINE FL			Y-ST-ZIP				18	
I	TITLE	☐ DELETE	2.1 TITI			☐ Change	Addition	→ →	
ĺ	NAME		2.2 NA	ME					
STREET ADDRESS			REET ADDRESS						
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ŀ	TITLE	DELETE	3.1 TITE			Change	Addition	1	
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	₹-50° [54]			Y-ST-ZIP					
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			4. 2 NA						
ĺ	NAME CONTRACT ADDRESS	\$100 P. N. W. C. 100 D.		REET ADDRESS					
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ŀ	TITLE	□ DELETE	5.1 TITL	Y-ST-ZIP		Change	Addition	┨	
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١	#### (MANAGE) - 1/14 ##################################		6.1 HIL			□ Griange	☐ ¥ddinpu		
١	St. St. St. St. C.								
	STREET ADDRESS			EET ADDRESS					
	CITY ST 78D			/-ST-7IP					

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 supplemental 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, with all other like empowered.