

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90001 028 ***550.00

DOCUMENT # 600556

1. Entity Name
MICHAEL E. SCHOEFFEL, M. D., & ASSOCIATES, P.A.

Principal Place of Business

~~8050 HWY A1A-30~~
~~STE 3606~~
~~ST. AUGUSTINE FL 32086~~
 US

Mailing Address

~~8050 HIGHWAY A1A-SOUTH~~
~~#3606~~
~~ST. AUGUSTINE FL 32086~~
 US

2. Principal Place of Business

7 Via Marino

3. Mailing Address

7 Via Marino



DO NOT WRITE IN THIS SPACE

City & State

Palm Coast FL
 Zip *32137* Country *US*

City & State

Palm Coast FL
 Zip *32137* Country *US*

4. FEI Number

59-1221840

Applied For

Not Applicable

5. Certificate of Status Desired

~~\$8.75 Additional Fee Required~~

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOEFFEL, MICHAEL E.
~~8050 HWY A1A-SOUTH~~
~~#3606~~
~~ST. AUGUSTINE FL 32086~~

Name

Street Address (P.O. Box Number is Not Acceptable)

7 Via Marino

City

Palm Coast FL

Zip Code

32137

8. 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

Michael E. Schoeffel

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

8/16/2000
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PS SCHOEFFEL, ME**
 STREET ADDRESS ~~8050 HIGHWAY A1A-SOUTH~~
 CITY-ST-ZIP ~~ST. AUGUSTINE FL~~

TITLE Change Addition
 NAME
 STREET ADDRESS *7 Via Marino*
 CITY-ST-ZIP *Palm Coast FL 32137*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael E. Schoeffel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/2000
 Date

904 447 8795
 Daytime Phone #

CR2E034 (5/00)