2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006
Secretary of State

DOCUMENT# 604499

Entity Name: ROBERT I. SCHNIPPER, M.D, P.A.

Current Principal Place of Business:

2001 COLLEGE ST
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-1467526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N.
5150 BELFORT ROAD
SUITE 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: SCHNIPPER, ROBERT I MD
Address: 2001 COLLEGE ST
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: SCHNIPPER, ROBERT I MD
Address: 2001 COLLEGE ST
City-St-Zip: JACKSONVILLE, FL

Title: V ( ) Delete
Name: SCHNIPPER, ELLEN
Address: 2001 COLLEGE ST
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: SCHNIPPER, ROBERT I MD
Address: 2001 COLLEGE ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change ( ) Addition
Name: SCHNIPPER, ROBERT I MD
Address: 2001 COLLEGE ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: V (X) Change ( ) Addition
Name: SCHNIPPER, ELLEN
Address: 2001 COLLEGE ST
City-St-Zip: JACKSONVILLE, FL 32204

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: ROBERT I. SCHNIPPER, M.D. PST 03/16/2006

Electronic Signature of Signing Officer or Director Date