FEB-02-2006 THU 10:08 AM WINN DIXIE MEAT CARLOT FAX NO.

FILED
Feb 03, 2006 8:00 am
Secretary of State
02-03-2006 90010 035 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 658565

1. Entity Name
SNYDER, M.D. & SCHIMMEL, M.D., P.A.

Principal Place of Business
6817 SOUTHPOINT PKWY
1403
JACKSONVILLE, FL 32216

Mailing Address
4130 SALISBURY RD
2400
JACKSONVILLE, FL 32216 US

40008290

02022006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	6817 SouthPoint PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1403
City & State	City & State Jacksonville FL
Zip / Country	Zip 32216 / Country DUVAL

4. FEI Number 59-1993745 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SNYDER, GARY J
6817 SOUTHPOINT PKWY
1403
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SNYDER, GARY J 6817 SOUTHPOINT PKWY JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHIMMEL, ALAN 6817 SOUTHPOINT PKWY JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary Snyder M.D. GARY SNYDER M.D. 2/2/06 904-281-9711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #