

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 18, 2007 08:00 AM  
Secretary of State**

**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  
6817 SOUTHPOINT PKWY  
1403  
JACKSONVILLE, FL 32216 US



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000591375  
01/19/07-80019-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SNYDER, GARY J  
STREET ADDRESS 6817 SOUTHPOINT PKWY  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE V  
NAME SCHIMMEL, ALAN  
STREET ADDRESS 6817 SOUTHPOINT PKWY  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07 904-281-9711  
Date Daytime Phone #