
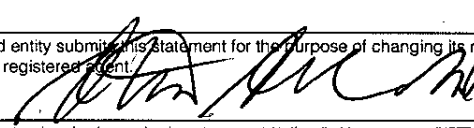
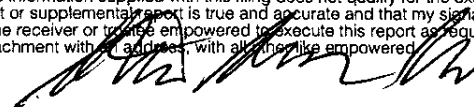


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90001 045 ***150.00

DOCUMENT # 677880 1. Entity Name STEPHEN SCHREIBER, M.D., P.A.					
Principal Place of Business 531 N MAITLAND AVE MAITLAND, FL 32751			Mailing Address 531 N MAITLAND AVE MAITLAND, FL 32751		
2. Principal Place of Business 1561 W. Fairbanks Avenue		3. Mailing Address 1561 W. Fairbanks Avenue			
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100			
City & State Winter Park, FL		City & State Winter Park, FL			
Zip 32789-4678		Country		Zip 32789-4678	
Country		Country			
6. Name and Address of Current Registered Agent SCHREIBER, STEPHEN MD 531 N MAITLAND AVE MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Schreiber, Stephen M.D. Street Address (P.O. Box Number is Not Acceptable) 3136 Holiday Avenue City Apopka <div style="float: right;"> FL Zip Code 32703 </div>		
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:  <div style="text-align: right;">DATE: _____</div>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST SCHREIBER, STEPHEN 119 WHITECAPS CIRCLE MAITLAND, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Schreiber, Stephen 3136 Holiday Avenue Apopka, FL 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all those like empowered.					
SIGNATURE: 			Date: 3/19/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

54021306



03172004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2014783

Applied For
Not Applicable

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #