

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F11000005062

**FILED**  
**Oct 04, 2014**  
**Secretary of State**

**Entity Name:** DARON SCHERR, M.D., P.A.

**Current Principal Place of Business:**

8359 BEACON BLVD, SUITE 102  
FT MYERS, FL 33907

**New Principal Place of Business:**

1537 SAND CASTLE RD  
SANIBEL, FL 33957 US

**Current Mailing Address:**

485 E ST  
IDAHO FALLS, ID 83402

**New Mailing Address:**

1537 SAND CASTLE RD  
SANIBEL, FL 33957 US

**FEI Number:** 84-1615052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHERR, DARON L MD  
8359 BEACON BLVD, SUITE 102  
FT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

SCHERR, DARON L MD  
1537 SAND CASTLE RD  
SANIBEL, FL 33957 US

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: DARON SCHERR

10/04/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: SCHERR, DARON L MD  
Address: 1537 SAND CASTLE RD  
City-St-Zip: SANIBEL, FL 33957 US

Title: VPST  
Name: SCHERR, DARON L MD  
Address: 1537 SAND CASTLE RD  
City-St-Zip: SANIBEL, FL 33957 UN

Title: VC  
Name: SCHERR, DARON L MD  
Address: 1537 SAND CASTLE RD  
City-St-Zip: SANIBEL, FL 33957 UN

I hereby 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 all other like empowered.

SIGNATURE: DARON SCHERR

PCD

10/04/2014

Electronic Signature of Signing Officer or Director

Date