FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # . J28024

(4)

1. Corporation	HEN J. SCHUELER, M.D., P	.Å. Mailing Address P.O. BOX 410129			
INDIAN HAR	BOUR BCH FL 32937	MELBOURNE FL 32941			
US		US		3. Date Incorporated or Qualified 08/05/1986	3a. Date of Last Report 08/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2713776	Not Applicable
Suite, Apt. #	i, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zp	Country	Zip	Country	8. This corporation has liability for	<u>_</u> -
24	25	29	30	<u> </u>	□ No
	9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New R	egistered Agent
- 200 S.⊣ MELBO	RD, SCOTT US1,-201-3125 いい URNE FL 32901- Want W	blbowne, Fi 30901 3	63 3125 63 64 City 533 6 619	ess (P.O. Box Number is Not Acceptate w. New Have	FL 85 Zip Code 32904
11. Pursuant ti or registere familiar wit	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric n, and accept the obligations of, Secti	and 607,1508, Florida Statutes la. Such change was authorize on 607,0505, Florida Statutes.	s, the above-named corpor d by the corporation's boar	ation submits this statement for the pur d of directors. I hereby accept the app	pose of changing its registered office pintment as registered agent. I am
SIGNATURE _					
12.	Signature, bytech or printed name of registered agrint OFFICERS ANS		E: Registered Agent signature require- 13.	1 when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TILLE	PTS	DELETE	1. 1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition
NAME	SCHUELER, STEPHEN J.		1.2 NAME		
STR- ET ADDRESS	P.O. BOX 410129		1.3 STREET ADDRESS		
CITY - ST - ZIP	MELBOURNE FL		1.4 CITY - ST - ZIP		
THE	ATS	DELETÉ	2. 1 TITLE		Change Addition
MMF	SCHUELER, JULIE		2.2 NAME		
STRUET ADDRESS	P.O. BOX 410129		2.3 STREET ADDRESS		
Cith - S1 - ZiP	MELBOURNE FL	D DOLLTO	2 4 CITY - ST - 2IP		Change Addition
ToleF		☐ DELETE	3. 1 TATLE		
NAME STR + LADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-Z-P			3 4 C(TY - ST - Z(P		
Tillf		DELETE	4. 1 TITLE		Change Addition
N4ME		_	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
OTTY ST ZIP			4.4 CHTY - ST - ZIP		
11*LF		☐ DELETE	5 1 THLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CiTY - S1 - 7IP			5 4 CITY-ST-ZIP		
II. FE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STHEET ADDRESS			6 3 STREET ADDRESS		
CITY-S!-ZIP	 	Set abits Private in the Sec. 9 1	64 CITY-ST-ZIP	or the averaging stated in Contract 110	07/9\ft\ Florido Part Ann 14 with-
certify that oath; that	the information indicated on this annu	ial report or supplemental annu ration or the receiver or trustee	al report is true and accura empowered to execute thi	or the exemption stated in Section 119 ite and that my signature shall have the s report as required by Chapter 607, Fl	same legal effect as if made under