

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J28024 (4)

1. Corporation Name

STEPHEN J. SCHUELER, M.D., P.A.



Principal Place of Business

1779 S. PATRICK DRIVE  
INDIAN HARBOUR BCH FL 32937  
US

Mailing Address

P.O. BOX 410129  
MELBOURNE FL 32941  
US

3. Date Incorporated or Qualified  
08/05/1986

3a. Date of Last Report  
08/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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4. FEI Number

59-2713776

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANFORD, SCOTT

200 S. US1, 201-3125 W. New Haven #200  
MELBOURNE FL 32901 West Melbourne, FL  
32904-3533

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3125 W. New Haven #200

83

84 City

West Melbourne

FL

85 Zip Code

32904

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PTS SCHUELER, STEPHEN J.

STREET ADDRESS P.O. BOX 410129

CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

NAME ATS SCHUELER, JULIE

STREET ADDRESS P.O. BOX 410129

CITY-ST-ZIP MELBOURNE FL

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