

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K13658

1. Entity Name
GERALD E. SCHMIDT, M.D., P.A.



**FILED
May 02, 2008 8:00 am
Secretary of State**

05-02-2008 90147 021 ***150.00

Principal Place of Business
1504 CASCADES DRIVE
STUART BUILDING UNIT #4
STEAMBOAT SPRINGS, CO 80487 US

Mailing Address
P.O. BOX 881059
STEAMBOAT SPRINGS, CO 80488-1059 US

2. Principal Place of Business - No P.O. Box #
2847 WHITEWATER LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
STEAMBOAT SPRINGS COLORADO

City & State

Zip
80487

Country
USA

Zip

Country

01302008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0027148

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NINOS, CHRISTOPHER M C.P.A.
1600 SOUTH DIXIE HIGHWAY
SUITE #503
BOCA RATON, FL 33432-7454

Name

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

City

FL Zip Code

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 re-Registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

TITLE P Delete
NAME SCHMIDT, GERALD E M.D.
STREET ADDRESS 1504 CASCADES DRIVE STUART BUILDING #4
CITY-ST-ZIP STEAMBOAT SPRINGS, CO 80487

TITLE Change Addition
NAME
STREET ADDRESS **2847 WHITEWATER LANE**
CITY-ST-ZIP **STEAMBOAT SPRINGS COLORADO 80487**

TITLE VP Delete
NAME SCHMIDT, GERALD E M.D.
STREET ADDRESS 1504 CASCADES DRIVE STUART BUILDING #4
CITY-ST-ZIP STEAMBOAT SPRINGS, CO 80487

TITLE Change Addition
NAME
STREET ADDRESS **2847 WHITEWATER LANE**
CITY-ST-ZIP **STEAMBOAT SPRINGS COLORADO 80487**

TITLE S Delete
NAME SCHMIDT, GERALD E M.D.
STREET ADDRESS 1504 CASCADES DRIVE STUART BUILDING #4
CITY-ST-ZIP STEAMBOAT SPRINGS, CO 80487

TITLE Change Addition
NAME
STREET ADDRESS **2847 WHITEWATER LANE**
CITY-ST-ZIP **STEAMBOAT SPRINGS COLORADO 80487**

TITLE T Delete
NAME SCHMIDT, GERALD E M.D.
STREET ADDRESS 1504 CASCADES DRIVE STUART BUILDING #4
CITY-ST-ZIP STEAMBOAT SPRINGS, CO 80487

TITLE Change Addition
NAME
STREET ADDRESS **2847 WHITEWATER LANE**
CITY-ST-ZIP **STEAMBOAT SPRINGS COLORADO 80487**

TITLE D Delete
NAME SCHMIDT, GERALD E M.D.
STREET ADDRESS 1504 CASCADES DRIVE STUART BUILDING #4
CITY-ST-ZIP STEAMBOAT SPRINGS, CO 80487

TITLE Change Addition
NAME
STREET ADDRESS **2847 WHITE WATER LANE**
CITY-ST-ZIP **STEAMBOAT SPRINGS COLORADO 80487**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 addresser with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/28/08 970 8716151
Date Daytime Phone #