

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006652

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** ROBERT A. SCHMIDT, M.D., AND VIOLA G. SCHMIDT FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

228 PINETREE DRIVE  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

228 PINETREE DRIVE  
GULF BREEZE, FL 32561

**New Mailing Address:**

**FEI Number:** 80-0158291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHMIDT, ROBERT A MD  
228 PINETREE DRIVE  
GULF BREEZE, FL 32561 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTDC  
Name: SCHMIDT, ROBERT A  
Address: 228 PINETREE DR  
City-St-Zip: GULF BREEZE, FL 32561

Title: VD  
Name: SCHMIDT, VIOLA G  
Address: 228 PINETREE DR  
City-St-Zip: GULF BREEZE, FL 325614050

Title: SD  
Name: SCHMIDT, JANET L  
Address: 228 PINETREE DR  
City-St-Zip: GULF BREEZE, FL 325614050

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT A. SCHMIDT

PTDC

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date