

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90361 042 ***150.00

40050433



03282006 Chg-P CR2E034 (11/05)

4. FEI Number **65-1079850** Applied For ☐ Not Applicable ☐

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

DOCUMENT # P01000022622
1. Entity Name
PATRICIA G. SCHULTZ, A.R.N.P., P.A.



Principal Place of Business
**2240 WOOLBRIGHT RD
STE 407
BOYNTON BEACH, FL 33426**

Mailing Address
**2240 WOOLBRIGHT RD
STE 407
BOYNTON BEACH, FL 33426**

2. Principal Place of Business
2755 South Bay Street
Suite, Apt. #, etc.
Suite H
City & State
Eustis, FL
Zip
32726 Country
USA

3. Mailing Address
2755 South Bay Street
Suite, Apt. #, etc.
Suite H
City & State
Eustis, FL
Zip
32726 Country
USA

6. Name and Address of Current Registered Agent
**SCHULTZ, PATRICIA G
2240 WOOLBRIGHT RD
STE 407
BOYNTON BEACH, FL 33426**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2755 South Bay Street
Suite H
City
Eustis FL Zip Code
32726

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]* (NOTE: Registered Agent signature required when re-registering) DATE *4/12/06*

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHULTZ, PATRICIA G		NAME	
STREET ADDRESS 9500 LISTOW TERRACE		STREET ADDRESS 2755 South Bay Street, Suite H	
CITY-ST-ZIP BOYNTON BEACH, FL 33437		CITY-ST-ZIP Eustis, FL 32726	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 address, with all other like empowered.

SIGNATURE: *[Signature]* **Patricia G. Schultz** Date *4/12/06* 352-589-2380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #