## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000071255

Entity Name: MICHAEL L. SCHEER, D.O., P.A.

FILED Mar 30, 2009 Secretary of State

| Current Principal Place of Business:          |  |                                 | New Principal Place of Business:            |  |  |
|---|--|---------------------------------|---|--|--|
| 8835 HAW<br>TRINITY, F                        |  |                                 |   |  |  |
| Current Mailing Address:                      |  |                                 | New Mailing Address                         | s:   |  |
| 8835 HAW<br>TRINITY, F                        |  |                                 |   |  |  |
| FEI Number:                                   | : 01-0726578                                       | FEI Number Applied For ( )      | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)            |  |
| Name and Address of Current Registered Agent: |  |                                 | Name and Address o                          | Name and Address of New Registered Agent:    |  |
| SCHEER,<br>8835 HAW<br>TRINITY, F             | /BUCK ST   | JS                              |   |  |  |
|   | named entity<br>of Florida.                        | submits this statement for the  | purpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUR                                      | RE:  |                                 |   |  |  |
|   | Electro  | nic Signature of Registered Ag  | ent   | Date   |  |
| Election Car                                  | npaign Financir                                    | ng Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                       |  |                                 | ADDITIONS/CHANGI                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DSTP (<br>SCHEER, MIC<br>8835 HAWBU<br>TRINITY, FL | CK ST                           | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VP (<br>SCHEER, BET<br>8835 HAWBU<br>TRINITY, FL ( | CK ST                           | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH SCHEER VP 03/30/2009