

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000083346**

1. Entity Name  
**JOEL A. SCHNEIDER M.D. P.A.**



Principal Place of Business  
**21050 POINT PLACE  
SUITE 705  
AVENTURA, FL 33180 US**

Mailing Address  
**21050 POINT PLACE  
SUITE 705  
AVENTURA, FL 33180 US**



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1164722**

Applied For  
Not Applicable

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

**8. Name and Address of Current Registered Agent**

**SCHNEIDER, JOEL A  
21050 POINT PLACE  
SUITE 705  
AVENTURA, FL 33180**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**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**

**000000395019  
01/17/06-80038-025 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SCHNEIDER, JOEL A  
21050 POINT PLACE, SUITE 705  
AVENTURA, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: *Joel A. Schneider MD* JOEL A. SCHNEIDER MD 1/08/06 305933098**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #