

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084375

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** MICHELLE M. SCHUELE, PH.D., P.A.

**Current Principal Place of Business:**

2329 SUNSET POINT RD.  
SUITE 203  
CLEARWATER, FL 33765

**New Principal Place of Business:**

3023 EASTLAND BLVD  
SUITE 106  
CLEARWATER, FL 33761

**Current Mailing Address:**

420 WOODLAWN AVE.  
BELLEAIR, FL 33756

**New Mailing Address:**

3023 EASTLAND BLVD  
SUITE 106  
CLEARWATER, FL 33761

**FEI Number:** 20-1156643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHUELE, MICHELLE M  
420 WOODLAWN AVE.  
BELLEAIR, FL 33756 US

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

SCHUELE, MICHELLE M  
3023 EASTLAND BLVD  
SUITE 106  
CLEARWATER, FL 33761 US

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

01/08/2012

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: SCHUELE, MICHELLE M PH.D.  
Address: 3023 EASTLAND BLVD, SUITE 106  
City-St-Zip: CLEARWATER, FL 33761

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

SIGNATURE: MICHELLE SCHUELE, PH.D., LMHC

DR

01/08/2012

Electronic Signature of Signing Officer or Director

Date