## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000093031

City-St-Zip:

Entity Name: CAROLIESE SCHMIDT MD PA

SATELLITE BEACH, FL 32937

**FILED** Apr 30, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3210 NORTH WICKHAM ROAD SUITE 1 MELBOURE, FL 32935 **New Mailing Address: Current Mailing Address:** 858 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH, FL 32937 FEI Number: 20-1253410 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHMIDT, CAROLIESE 858 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH, FL 32937 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SCHMIDT, CAROLIESE Name: Name:

City-St-Zip:

858 LOGGERHEAD ISLAND DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Ρ SIGNATURE: CAROLIESE SCHMIDT 04/30/2006