

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093031

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** CAROLIESE SCHMIDT MD PA

**Current Principal Place of Business:**

1275 SOUTH PATRICK DR.  
SUITE H  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

858 LOGGERHEAD ISLAND DRIVE  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

FEI Number: 20-1253410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHMIDT, CAROLIESE  
858 LOGGERHEAD ISLAND DRIVE  
SATELLITE BEACH, FL 32937 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHMIDT, CAROLIESE  
Address: 858 LOGGERHEAD ISLAND DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

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: CAROLIESE SCHMIDT

PRES

03/31/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date