

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

08-14-2003 90067 016 \*\*\*150.00

**DOCUMENT # P93000059906**

1. Entity Name  
**EDWARD J. SCHEEL, M.D., P.A.**



Principal Place of Business  
**1801 SE HILLMOOR DR.  
STE. A101  
PORT ST. LUCIE FL 34952  
US**

Mailing Address  
**1801 SE HILLMOOR DR.  
STE. A101  
PORT ST. LUCIE FL 34952  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0475539** Applied For  
Not Applicable

Zip Country Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

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

**7. Name and Address of New Registered Agent**

**SCHEEL, EDWARD J  
1801 SE HILLMOOR DR  
STE. A101  
PORT ST. LUCIE FL 34952**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SCHEEL, EDWARD J 1801 SE HILLMOOR DR A101 PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

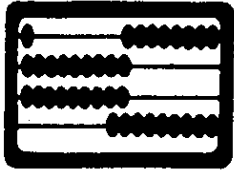
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward J. Scheel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/3 772 837 5325  
Date Daytime Phone #

CR2E034 (4/03)



**FOGAL, LYNCH  
JOHNSON & LONG**  
certified public accountants  
A Partnership of Professional Associations

Attachment #

80138385  
P93000059906

Christopher E. Fogal, CPA, PA  
Richard L. Lynch, CPA, PA  
George L. Johnson, Jr., CPA, PA  
Wallace T. Long, Jr., CPA  
Lisa Benson, CPA  
Staci Ludwig, CPA  
Rhonda Wigglesworth, CPA  
Thomas E. Long, CPA  
Member AICPA • FICPA  
NACPAF • PCPS

Division of Corporations  
Uniform Business Report Filing  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Edward J. Sheel, MD PA  
Doc # P93000059906

Dear Sir/Madam:

We have enclosed the annual report for the above mentioned corporation. At this time the corporation ask that you abate the \$400.00 late fee for failing to file the report by May 1, 2003. The corporation in question never received the original mailing of their report, and as such, due to their limited exposure to corporation rules and requirements did not know that the form was due.

Upon receiving the late notification, the report was filed. We have no clear explanation of why the original report was never received but know in good faith that it was not.

Thank you for your consideration in this matter. Should you need additional information, please do not hesitate to call or write.

Most sincerely yours,

Richard L. Lynch, CPA