

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000003549

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** NANCY R. SCHLEIDER, MD, PA

**Current Principal Place of Business:**

13691 METRO PKWY  
STE 420  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7518  
FORT MYERS, FL 33911 US

**New Mailing Address:**

**FEI Number:** 65-0804823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KUSHNER, NANCY R  
13261 PONDEROSA WAY  
FORT MYERS, FL 33907 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: DR  
Name: KUSHNER, NANCY R  
Address: 13261 PONDEROSA WAY  
City-St-Zip: FORT MYERS, FL 33907

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: NANCY R. SCHLEIDER KUSHNER

PRES

01/07/2011

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

\_\_\_\_\_  
Date