

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S37292

FILED  
Feb 28, 2011  
Secretary of State

Entity Name: NIGEL SCHULTZ, D.M.D., P.A.

**Current Principal Place of Business:**

3830 HWY A1A  
UNIT 1  
MELBOURNE BCH, FL 32951 US

**New Principal Place of Business:**

**Current Mailing Address:**

3830 HWY A1A  
UNIT 1  
MELBOURNE BCH, FL 32951 US

**New Mailing Address:**

FEI Number: 59-3060587      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WINN, RON  
2103 GRANT PL  
MELBOURNE, FL 32901 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: SCHULTZ, NIGEL D.M.D. P.A  
Address: 3830 HWY A1A, UNIT 1  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S  
Name: SCHULTZ, BARBARA  
Address: 3830 HWY A1A, UNIT 1  
City-St-Zip: MELBOURNE BEACH, FL 32951

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: NIGEL SCHULTZ, DMD PA

PRES

02/28/2011

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

\_\_\_\_\_  
Date