

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 484663

Entity Name: FISCHER, SCHEMMER & SILBIGER, M.D., P.A.**Current Principal Place of Business:**215 FIRST STREET NORTH
#200
WINTER HAVEN, FL 33881**Current Mailing Address:**215 FIRST STREET NORTH
#200
WINTER HAVEN, FL 33881 US**FEI Number:** 59-1631538**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHEMMER, GARY B
215 FIRST STREET NORTH
#200
WINTER HAVEN, FL 33881 US*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**Officer/Director Detail :**

Title SECRETARY
Name MORACZEWSKI, ALEXEI L
Address 215 1ST ST N
SUITE 200
City-State-Zip: WINTER HAVEN FL 33881

Title VP
Name SILBIGER, JONATHAN S
Address 215 FIRST STREET NORTH, #200
City-State-Zip: WINTER HAVEN FL 33881

Title SECRETARY
Name BREUNIG, ADAM C
Address 215 1ST ST N
SUITE 200
City-State-Zip: WINTER HAVEN FL 33881

Title PRESIDENT
Name SCHEMMER, GARY B
Address 215 FIRST STREET NORTH, #200
City-State-Zip: WINTER HAVEN FL 33881

Title TREASURER
Name FISCHER, FRANK J III
Address 215 1ST ST N
SUITE 200
City-State-Zip: WINTER HAVEN FL 33881

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: GARY SCHEMMER

PRESIDENT

08/21/2020

Electronic Signature of Signing Officer/Director Detail_____
Date