

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600222

**Entity Name:** NEIL S. SCHNEIDER, M.D., P.A.

**Current Principal Place of Business:**

4302 ALTON RD  
SUITE 570  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4302 ALTON RD  
SUITE 570  
MIAMI BEACH, FL 33140

**FEI Number:** 59-1083783

**Certificate of Status Desired:** No

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

SCHNEIDER, NEIL  
4302 ALTON ROAD  
SUITE 570  
MIAMI BEACH, FL 33140 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 PD  
Name SCHNEIDER,NEIL  
Address 4302 ALTON RD #570  
City-State-Zip: MIAMI BEACH FL

*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:** NEIL SCHNEIDER

PD

02/13/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date