

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000084375

**Entity Name:** MICHELLE M. SCHUELE, PH.D., P.A.

**Current Principal Place of Business:**

3023 EASTLAND BLVD  
SUITE 106  
CLEARWATER, FL 33761

**Current Mailing Address:**

3023 EASTLAND BLVD  
SUITE 106  
CLEARWATER, FL 33761

**FEI Number:** 20-1156643

**Certificate of Status Desired:** No

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

SCHUELE, MICHELLE M  
3023 EASTLAND BLVD  
SUITE 106  
CLEARWATER, FL 33761 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 DR  
Name SCHUELE, MICHELLE PHD  
Address 3023 EASTLAND BLVD, SUITE 106  
City-State-Zip: CLEARWATER FL 33761

*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:** MICHELLE SCHUELE

**OWNER**

**01/15/2016**

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

\_\_\_\_\_  
Date