

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000156081

**Entity Name:** THEODORE G. SCHROPP DDS, P.A.

**Current Principal Place of Business:**

4521 N. WICKHAM RD.  
SUITE 101  
MELBOURNE, FL 32935

**Current Mailing Address:**

4521 N. WICKHAM RD.  
SUITE 101  
MELBOURNE, FL 32935 US

**FEI Number:** 20-8087495

**Certificate of Status Desired:** No

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

SCHROPP, THEODORE G  
4313 LIGUSTRUM DRIVE  
MELBOURNE, FL 32934 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 P  
Name SCHROPP, THEODORE G  
Address 4313 LIGUSTRUM DRIVE  
City-State-Zip: MELBOURNE FL 32934

*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:** DR. THEODORE SCHROPP

**PRESIDENT**

**02/05/2024**

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

\_\_\_\_\_  
Date