

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000051394

**Entity Name:** MARY B. SCHILLIG, P.A.

**Current Principal Place of Business:**

3859 PIZARRO RD  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

3859 PIZARRO RD  
JACKSONVILLE, FL 32217

**FEI Number:** 26-0142140

**Certificate of Status Desired:** No

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

SCHILLIG, MARY B  
3859 PIZARRO RD  
JACKSONVILLE, FL 32217 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	PSTD	Title	VPD
Name	SCHILLIG, MARY B	Name	SCHILLIG, PATRICK
Address	3859 PIZARRO RD	Address	3859 PIZARRO RD
City-State-Zip:	JACKSONVILLE FL 32217	City-State-Zip:	JACKSONVILLE FL 32217

*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:** MARYBETH SCHILLIG

**PRESIDENT**

**04/28/2013**

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

\_\_\_\_\_  
Date