

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000013270

Entity Name: SCHMIDT NEUROLOGY P.A.

Current Principal Place of Business:

1680 SE LYNGATE DR
201
PORT ST LUCIE, FL 34952

Current Mailing Address:

PO BOX 881296
SUITE 101
PORT ST LUCIE, FL 34988 US

FEI Number: 26-4235699

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAUL, SCHMIDT
579 NW LAKE WHITNEY PLACE
SUITE 101
PORT ST LUCIE, FL 34986 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 SCHMIDT, PAUL
Address 579 NW LAKE WHITNEY PLACE
SUITE 101
City-State-Zip: PORT ST LUCIE FL 34986

Title AUTHORIZED REPRESENTATIVE
Name HENKE, JESSICA L
Address 579 NW LAKE WHITNEY PLACE
SUITE 101
City-State-Zip: PORT ST LUCIE FL 34986

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: JESSICA HENKE

**AUTHORIZED
REPRESENTATIVE**

05/04/2021

Electronic Signature of Signing Officer/Director Detail

Date