

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000013270

**Entity Name:** ST. CLOUD NEUROLOGY, P.A.

**Current Principal Place of Business:**

579 NW LAKE WHITNEY PLACE  
SUITE 101  
PORT ST LUCIE, FL 34986

**FILED**  
**Apr 27, 2020**  
**Secretary of State**  
**4313735851CC**

**Current Mailing Address:**

579 NW LAKE WHITNEY PLACE  
SUITE 101  
PORT ST LUCIE, FL 34986 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: PAUL SCHMIDT**

**MD**

**04/27/2020**

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

\_\_\_\_\_  
Date