## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000062561

Entity Name: ANDREW M. SCHNEIDER M.D.P.A.

**Current Principal Place of Business:** 

8231 LOST CREEK

DELRAY BEACH, FL 33446

**Current Mailing Address:** 

8231 LOST CREEK

DELRAY BEACH, FL 33446 US

FEI Number: 45-2727270 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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

FILED Apr 29, 2016

**Secretary of State** 

CC2250995574

Officer/Director Detail:

Title PSD

Name SCHNEIDER, ANDREW M

Address 8231 LOST CREEK

City-State-Zip: DELRAY BEACH FL 33446

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.

**PRES** 

SIGNATURE: ANDREW SCHNEIDER