

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002339

Entity Name: LENORE SCHILLER, P.A.

Current Principal Place of Business:

1003 OLD CUTLER RD
LAKE WALES, FL 33898

Current Mailing Address:

PO BOX 1200
LAKE WALES, FL 33859

FEI Number: 65-0637897

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHILLER, LENORE
1003 OLD CUTLER RD
LAKE WALES, FL 33898 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 PD
Name SCHILLER, LENORE
Address PO BOX 1200
City-State-Zip: LAKE WALES FL 33859

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: LENORE SCHILLER

PRESIDENT

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date