

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S37292

**Entity Name:** NIGEL SCHULTZ, D.M.D., P.A.

**Current Principal Place of Business:**

3830 HWY A1A  
SUITE 1  
MELBOURNE BCH, FL 32951

**Current Mailing Address:**

3830 HWY A1A  
SUITE 1  
MELBOURNE BCH, FL 32951 US

**FEI Number:** 59-3060587

**Certificate of Status Desired:** No

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

WINN, RON  
2103 GRANT PL  
MELBOURNE, FL 32901 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 P  
Name SCHULTZ, NIGEL D.M.D. P.A  
Address 3830 HWY A1A, SUITE 1  
City-State-Zip: MELBOURNE BEACH FL 32951

Title S  
Name SCHULTZ, BARBARA  
Address 3830 HWY A1A, SUITE 1  
City-State-Zip: MELBOURNE BEACH FL 32951

*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:** NIGEL SCHULTZ, DMD PA

**PRESIDENT**

**03/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date