

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V63503

Entity Name: JOHN A. SCHWERER, D.M.D., P.A.

Current Principal Place of Business:

4634 S 25TH ST
FORT PIERCE, FL 34981

Current Mailing Address:

PO BOX 14980
FORT PIERCE, FL 34979 US

FEI Number: 65-0361347

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHWERER, JOHN A.
4634 S. 25TH STREET
FORT PIERCE, FL 34981 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 PST
Name SCHWERER, JOHN A.
Address 4634 S. 25TH STREET
City-State-Zip: FORT PIERCE FL 34981

Title PRESIDENT
Name SCHWERER, JOHN A.
Address 4634 S 25TH ST
City-State-Zip: FORT PIERCE FL 34981

Title VP
Name SCHWERER, LAURA ELLEN
Address PO BOX 14980
City-State-Zip: FORT PIERCE FL 34979

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: JOHN SCHWERER

PRESIDENT

03/29/2015

Electronic Signature of Signing Officer/Director Detail

Date