

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000157651

**Entity Name:** FRED LECHELER, D.P.M., P.A.

**Current Principal Place of Business:**

522 FAULKNER ST  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

P.O. BOX 1034  
NEW SMYRNA BEACH, FL 32170-1034 US

**FEI Number:** 52-2447011

**Certificate of Status Desired:** No

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

LECHELER, FRED  
522 FAULKNER ST  
NEW SMYRNA BEACH, FL 32168 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            D  
Name            LECHELER, FRED  
Address        522 FAULKNER ST  
City-State-Zip: NEW SMYRNA BEACH 32168

Title            SECRETARY  
Name            RUTH TREMATO  
Address        522 FAULKNER ST  
City-State-Zip: NEW SMYRNA BEACH 32168

*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:** FRED LECHELER

D

03/02/2023

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

\_\_\_\_\_  
Date