FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:23

DOCUMENT # 603552 (1)

1. Corporation Name
MARK L. RITTER D.D.S., P.A.

Principal Place of Business	Mailing Address
7145 E COLONIAL DR ORLANDO FL 32807	7145 E COLONIAL DR ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/31/1972
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-1400969 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RITTER,MARK L
7145 E COLONIAL DR
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Mark L. Ritter DDS PA 4/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	RITTER,MARK L	1.2 NAME	
STREET ADDRESS	7145 E. COLONIAL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	RITTER, BENJAMIN	2.2 NAME	
STREET ADDRESS	612 SPRING VALLEY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTOMONTE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RITTER, SHANA	3.2 NAME	
STREET ADDRESS	612 SPRING VALLEY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☑ Change ☐ Addition
NAME	BERNARD, ALVIN	4.2 NAME	D
STREET ADDRESS	7800 DR. PHILLIPS BLVD.	4.3 STREET ADDRESS	JOANNE RITTER
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	612 SPRING Valley ROAD ALTAMONTE Springs, FL 32714
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	PFOST,STANLEY W	5.2 NAME	D
STREET ADDRESS	1481 HOWELL BCH ROAD	5.3 STREET ADDRESS	PATRICIA HYDE
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	4610 LENMORE ST ORLANDO, FL 32812
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark L. Ritter DDS PA 4/3/95 407 869 1007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #
Mark L. Ritter DDS PA

0000050 CP