FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 05/31/1972
3a. Date of Last Report: 04/06/1995

2. Principal Place of Business — 21: 612 Spring Valley Rd
2a. Mailing Address — 26: 612 Spring Valley Rd
22: Suite, Apt. #, etc.
27: Suite, Apt. #, etc.
23: City & State: Altamonte Springs, Fl
28: City & State: Altamonte Springs FL
24: Zip: 32714
25: Country: ORANGE
29: Zip: 32714
30: Country: ORANGE

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: JOANNE RITTER
82 Street Address (P.O. Box Number is Not Acceptable): 612 SPRING VALLEY RD
83:
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: ✓ Joanne Ritter — DATE: ✓ 2-20-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RITTER,MARK L 7145 E. COLONIAL DRIVE ORLANDO FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RITTER, BENJAMIN 612 SPRING VALLEY ROAD ALTOMONTE SPRINGS FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RITTER, SHANA 612 SPRING VALLEY RD. ALTAMONTE SPRINGS FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOANNE RITTER 612 SPRING VALLEY ROAD ALTAMONTE SPRINGS FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATRICIA HYDE 4610 LENMORE STREET ORLANDO FL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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: ✓ Joanne Ritter — ✓ 2/20/96 — 407 628 4859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #