

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED

DOCUMENT # **678911** (9)
1. Corporation Name
M. SCHUMACHER, D.M.D., P.A.

5:17:31 AM 2/31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **2411 TENTH AVENUE NORTH
LAKE WORTH FL 33461**
Mailing Address: **685 ROYAL PALM BEACH BLVD.
SUITE 204
ROYAL PALM BEACH FL 33411**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/18/1980		3a. Date of Last Report 04/11/1994	
4. FEI Number 59-2020729		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.037, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Officer MARK SCHUMACHER, D.M.D.		2a. Mailing Address General Dentistry	
21. 685 Royal Palm Beach Blvd.		26. State Apt. #, etc. Suite 204	
22. Royal Palm Beach, FL 33411		27. City & State	
24. U.S.A.		30. Country	

9. Name and Address of Current Registered Agent SCHUMACHER, MARK, D.M.D. 685 ROYAL PALM BEACH BLVD. SUITE 204 ROYAL PALM BEACH FL 33411				10. Name and Address of New Registered Agent			
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83.		84. City	
						85. Zip Code FL	

11. Pursuant to the provisions of Sections 607.090 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 607.090, Florida Statutes.

SIGNATURE: _____ (Signature of Mark Schumacher)
Name of Registered Agent (print or type name and title): _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME P SCHUMACHER, MARK, DMD	12.2 STREET ADDRESS 685 ROYAL PALM BEACH BLVD.	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 STREET ADDRESS 685 ROYAL PALM BEACH BLVD.	12.4 CITY, ST, ZIP ROYAL PALM BEACH FL	13.2 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 CITY, ST, ZIP		13.3 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 STREET ADDRESS		13.5 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 CITY, ST, ZIP		13.6 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME		13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		13.8 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 CITY, ST, ZIP		13.9 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.12 NAME		13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 STREET ADDRESS		13.11 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 CITY, ST, ZIP		13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 135.07(1)(b), Florida Statutes. I further certify that the information is also on the annual report or supplemental annual report, if any, and is complete 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 registered agent, and that my name appears in Block 12 or Block 13 of this filing, or in an attachment with my address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/27/95 407-795-1978