FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 678911

1. Corporation Name

M. SCHUMACHER, D.M.D., P.A.

Principal Place of Business	Mailing Address
SCHUMACHER, MARK DMD #204 685 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 US	685 ROYAL PALM BEACH BLVD. SUITE 204 ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/18/1980

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-2020729**	Applied For
21	26		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	**10. Name and Address of New Registered Agent**
SCHUMACHER, MARK, D.M.D. 685 ROYAL PALM BEACH BLVD. SUITE 204 ROYAL PALM BEACH FL 33411	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

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	SCHUMACHER, MARK, DMD	1.2 NAME		
STREET ADDRESS	685 ROYAL PALM BEACH BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE ☐ DELETE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE ☐ DELETE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE ☐ DELETE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE ☐ DELETE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE ☐ DELETE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: _____   1 APRIL 99   (561) 795-1918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #