

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 678911

FILED  
Apr 12, 2010  
Secretary of State

Entity Name: M. SCHUMACHER, D.M.D., P.A.

**Current Principal Place of Business:**

SCHUMACHER, MARK DMD  
#204 685 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

SCHUMACHER, MARK DMD  
#204 685 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH, FL 33411 US

**New Mailing Address:**

FEI Number: 59-2020729      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCHUMACHER, MARK H DMD  
685 ROYAL PALM BEACH BLVD.  
SUITE 204  
ROYAL PALM BEACH, FL 33411 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHUMACHER, MARK H DMD  
Address: 685 ROYAL PALM BEACH BLVD.  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

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: MARK SCHUMACHER

PRES

04/12/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date