

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 07, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F43265**

1. Entity Name  
**PROFESSIONAL DENTAL MARKETING OF FLORIDA,  
INC.**



Principal Place of Business  
**C/O THOMAS A SCHOPLER  
250 E DANIA BEACH BLVD  
DANIA, FL 33004**

Mailing Address  
**C/O THOMAS A SCHOPLER  
250 E DANIA BEACH BLVD  
DANIA, FL 33004**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2145082**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SCHOPLER, THOMAS A  
250 E DANIA BEACH BLVD  
DANIA, FL**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Thomas Schopler*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees.**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	SCHOPLER, THOMAS A
STREET ADDRESS	1242 TYLER ST
CITY- ST- ZIP	HOLLYWOOD, FL

TITLE	D
NAME	SCHOPLER, CLARA P.
STREET ADDRESS	1610 POLK ST
CITY- ST- ZIP	HOLLYWOOD, FL

TITLE	PD
NAME	SCHOPLER, TERESA E
STREET ADDRESS	1242 TYLER ST
CITY- ST- ZIP	HOLLYWOOD, FL

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000371213  
07/07/05-80008-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Schopler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*6/30/05* *954 920 7271*