FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:16

DOCUMENT # M89086 (6)

1. Corporation Name
PAUL C. ASCHACHER, D.D.S., P.A.

Principal Place of Business
11183 SOUTH ORANGE BLOSSOM TRAIL
SUITE E
ORLANDO FL 32837-9402

Mailing Address
11183 SOUTH ORANGE BLOSSOM TRAIL
SUITE E
ORLANDO FL 32837-9402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1988
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2897368 — 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ASCHACHER, PAUL C.
1183 S. ORANGE BLOSSOM TRAIL
SUITE E
ORLANDO FL 32837

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11183 S. Orange Blossom Trail
83
84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0504 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

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	ASCHACHER, PAUL C.
STREET ADDRESS	7267 SPRING VILLA CIRCLE
CITY, ST, ZIP	ORLANDO FL
TITLE	T
NAME	ASCHACHER, PAUL C.
STREET ADDRESS	7267 SPRING VILLA CIRCLE
CITY, ST, ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
1 NAME
1 STREET ADDRESS
1 CITY, ST, ZIP

2 TITLE ☐ Change ☐ Addition
2 NAME
2 STREET ADDRESS
2 CITY, ST, ZIP

3 TITLE ☐ Change ☐ Addition
3 NAME
3 STREET ADDRESS
3 CITY, ST, ZIP

4 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS
4 CITY, ST, ZIP

5 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS
5 CITY, ST, ZIP

6 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS
6 CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is true and correct and that this corporation is in compliance with the requirements of Section 607.0505, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and correct 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 person over or thereon authorized to make this report as required by Chapter 607, Florida Statutes, and that my name appears above or in Block 12 or Block 13 hereof or on an attachment with an address.

SIGNATURE: Paul C. Aschacher — 1/31-94 — 407-857-1261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

0003303 CP