FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
Jul 09 1996 8:00 am
Secretary of State

DOCUMENT # **N46419** **(0)**

1. Corporation Name
BLUE SKIES FOUNDATION, INC.

Principal Place of Business	Mailing Address
2843 SOUTH BAYSHORE DRIVE. #15-E COCONUT GROVE FL 33133	2843 SOUTH BAYSHORE DRIVE. #15-E COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1991
3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0300325 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 2801 Ponce de Leon Blvd	26 P.O. Box 14-4193
22 Suite, Apt. #, etc. # 1160	27 Suite, Apt. #, etc. —
23 City & State CORAL GABLES, FLA.	28 City & State CORAL GABLES, FL.
24 Zip 33134 25 Country USA	29 Zip 33114 30 Country USA

9. Name and Address of Current Registered Agent

SACHER, CHARLES P.
2655 LEJEUNE RD
STE 1101
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	EBER, STEVEN L.	1.2 NAME	
STREET ADDRESS	2843 S BAYSHORE DR #15E	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MASON, PAUL	2.2 NAME	
STREET ADDRESS	% 2801 PONCE DE LEON BLV	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GREER, PEDRO J. JR MD	3.2 NAME	
STREET ADDRESS	1150 NW 14 ST #501	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SNITZER, FREDERICK B.	4.2 NAME	
STREET ADDRESS	% 1810 PONCE DE LEON BLV	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CARVER, NEIL	5.2 NAME	
STREET ADDRESS	2600 DOUGLAS RD	5.3 STREET ADDRESS	900001887259
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	-07/09/96--01053--006
TITLE		6.1 TITLE	***61.25 ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6-26-96 305-442-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000043523 (6)

1. Corporation Name
SCHUMACHER DENTAL CENTER, P.A.

Principal Place of Business	Mailing Address
7015 BERACASA WAY, SUITE 201 BOCA RATON FL 33433	7015 BERACASA WAY, SUITE 201 BOCA RATON FL 33433

3. Date Incorporated or Qualified: 06/06/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4487 Roosevelt Blvd.	26 4487 Roosevelt Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Jacksonville, FL	28 Jacksonville, FL
24 Zip 32210 / 25 Country Duval	29 Zip 32210 / 30 Country Duval

4. FEI Number: 59-3316838 ☐ 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 s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WALSER, THOMAS C ESQ.
7015 BERACASA WAY, SUITE 201
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name: James L. Schumacher, D.M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 4487 Roosevelt Blvd.
83
84 City: Jacksonville FL 85 Zip Code: 32210

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: James L. Schumacher, D.M.D. Pres. X [signature] X 6-27-96
Signature, typed or printed name of registered agent and title if applicable. (Must be Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD SCHUMACHER, JAMES L 7015 BERACASA WAY, SUITE 201 BOCA RATON FL 33433 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 4487 Roosevelt Blvd. Jacksonville, FL 32210
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 200001887512 -07/03/96--01069--025 ***225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 070960R

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 119.07(3)(k), 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.

J. L. Schumacher, D.M.D. (904) 388-3559

SIGNATURE: X [signature] X 6-27-96