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
2843 SOUTH BAYSHORE DRIVE. #15-E
COCONUT GROVE FL 33133

Mailing Address
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

2. Principal Place of Business
21 2801 Ponce de Leon Blvd
22 Suite, Apt. #, etc. #1160
23 City & State: CORAL GABLES, FLA.
24 Zip: 33134 25 Country: USA

2a. Mailing Address
26 P.O. Box 14-4193
27 Suite, Apt. #, etc. —
28 City & State: CORAL GABLES, FL.
29 Zip: 33114 30 Country: USA

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

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	EBER, STEVEN L.
STREET ADDRESS	2843 S BAYSHORE DR #15E
CITY-ST-ZIP	COCONUT GROVE FL
TITLE	D
NAME	MASON, PAUL
STREET ADDRESS	% 2801 PONCE DE LEON BLV
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	GREER, PEDRO J. JR MD
STREET ADDRESS	1150 NW 14 ST #501
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	SNITZER, FREDERICK B.
STREET ADDRESS	% 1810 PONCE DE LEON BLV
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	CARVER, NEIL
STREET ADDRESS	2600 DOUGLAS RD
CITY-ST-ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

900001887259
-07/09/96--01053--006
***61.25

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 #

FILED NOW: FILING FEE AT PRIM MAY 1 10 $225.00

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
7015 BERACASA WAY, SUITE 201
BOCA RATON FL 33433

Mailing Address
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
21 4487 Roosevelt Blvd.
Suite, Apt. #, etc.
22
City & State
23 Jacksonville, FL
Zip 24 32210
Country 25 Duval

2a Mailing Address
26 4487 Roosevelt Blvd.
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, FL
Zip 29 32210
Country 30 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 6-27-96
Signature, typed or printed name or registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	SCHUMACHER, JAMES L	
STREET ADDRESS	7015 BERACASA WAY, SUITE 201	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	4487 Roosevelt Blvd.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32210	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	200001887512	
5.3 STREET ADDRESS	-07/09/96--01069--025	
5.4 CITY-ST-ZIP	***225.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	070996OR	

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 6-27-96