

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000043523

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



Principal Place of Business
**4201 ROOSEVELT BLVD
JACKSONVILLE, FL 32210 US**

Mailing Address
**4201 ROOSEVELT BLVD
JACKSONVILLE, FL 32210 US**



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3316838

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHUMACHER, JAMES L
4201 ROOSEVELT BLVD
JACKSONVILLE, FL 32210**

**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 _____

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

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
SCHUMACHER, JAMES L
4201 ROOSEVELT BLVD
JACKSONVILLE, FL 32210**

TITLE
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000000244590
02/26/05-80025-021 150.00

**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.

James L. Schumacher, D.M.D.

(904)

388-3559

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #