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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000042406 (4)**

1. Corporation Name
SCHEURER & JENKINS, D.M.D., P.A.

Principal Place of Business	Mailing Address
200 HERON'S RUN DRIVE #223 SARASOTA FL 34232	200 HERON'S RUN DRIVE #223 SARASOTA FL 34232-1743

3. Date Incorporated or Qualified: 05/17/1996	3a. Date of Last Report:
4. FEI Number: 59-3378427	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 1215 Beneva Road South	26 1215 Beneva Road South
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sarasota, FL	City & State 28 Sarasota, FL
Zip 24 34232 Country 25 Sarasota	Zip 29 34232 Country 30 Sarasota

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHEURER, MONICA L 2001 S.W. 16TH ST. #F22 GAINESVILLE FL 32608	81 Name: Bruce P. Chapnick, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): Icard, Merrill, Cullis, Timm, Furen, & Ginsburg, P.A. 83 2033 Main Street, Ste. 600 84 City: Sarasota, FL 85 Zip Code: 34237

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] 3/21/97
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director, President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Monica L. Scheurer, D.M.D.		1.2 NAME	
STREET ADDRESS	1215 Beneva Road South		1.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34232		1.4 CITY-ST-ZIP	
TITLE	Director, Secretary/Treasurer	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	James E. Jenkins, D.M.D.		2.2 NAME	
STREET ADDRESS	1215 Beneva Road South		2.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34232		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 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.

SIGNATURE: [signature] , President 4-7-97 (941) 366-4553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #