2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State
01-30-2008 90034 009 ***150.00

DOCUMENT # P97000074525

1. Entity Name

WILLIAM S. SCHACTER, D.M.D., P.A.

Principal Place of Business	Mailing Address
125 QUAYSIDE DRIVE JUPITER FL 33477	125 QUAYSIDE DRIVE JUPITER FL 33477

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 490 MARINER DR	Suite, Apt. #, etc. 490 MARINER DR
City & State JUPITER FL	City & State JUPITER FL
Zip 33477 Country USA	Zip 33477 Country USA

1st MOORE CR2E034 (10/07)

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHACTER, WILLIAM S
226 COMMODORE DR.
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name SCHACTER WILLIAM S
Street Address (P.O. Box Number is Not Acceptable) 490 MARINER DR.
City JUPITER FL Zip Code 33477

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] JAN 25 2008

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☑ Delete	TITLE	Pres.	☑ Change ☐ Addition
NAME	SCHACTER, WILLIAM S		NAME	SCHACTER WILLIAM S	
STREET ADDRESS	125 QUAYSIDE DRIVE		STREET ADDRESS	490 MARINER DR.	
CITY-ST-ZIP	JUPITER FL 33477		CITY-ST-ZIP	Jupiter FL 33477	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: [signature] JAN 25, 2008 561 262-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #