

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000042406

**Entity Name:** SCHEURER & JENKINS, D.M.D., P.A.

**Current Principal Place of Business:**

1215 BENEVA RD S  
SARASOTA, FL 34232

**Current Mailing Address:**

1215 BENEVA RD S  
SARASOTA, FL 34232 US

**FEI Number:** 59-3378427

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHAPNICK, BRUCE P ESQ  
ICARD, MERRILL, CULLIS, TIMM, FUREN,  
2033 MAIN ST, STE 600  
SARASOTA, FL 34237 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |                 |                      |
|-----------------|------------------------|-----------------|----------------------|
| Title           | DP                     | Title           | DST                  |
| Name            | SCHEURER, MONICA L DMD | Name            | JENKINS, JAMES E DMD |
| Address         | 1215 BENEVA RD S       | Address         | 1215 BENEVA RD S     |
| City-State-Zip: | SARASOTA FL            | City-State-Zip: | SARASOTA FL          |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENKINS , JAMES E DMD

DST

04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date