

F19000001320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

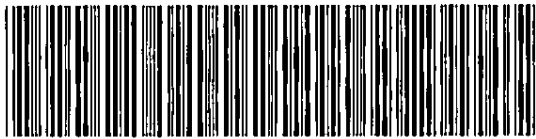
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/19/19--01012--008 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR 20 2019



March 19, 2019

Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: Dental Care Plus, Inc.
Application by Foreign Corporation for Authorization to Transact
Business in Florida**

Dear Sir/Madam:

On behalf of the above referenced company, please find the domicile state certificate, application, and check in the amount of \$78.75 for their Application by Foreign Corporation for Authorization to Transact Business in Florida.

If you have any questions, please contact me and I will be happy to expedite an answer.

Sincerely,

A handwritten signature in black ink, appearing to be "JZ Ross", written in a cursive style.

James Z. Ross
Attorney
JRoss@meenanlawfirm.com

JZR/hrp
Enclosures



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DENTAL CARE PLUS, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James Ross

Name of Person

Meenan PA

Firm/Company

P.O. Box 11247

Address

Tallahassee, FL 32302

City/State and Zip code

JRoss@meenanlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Ross

850

425-4000

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. DENTAL CARE PLUS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Ohio 3. 31-1185262
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/21/1986 5.
(Date of incorporation) (Date of duration, if other than perpetual)
6. Pending registration approval
7. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
100 Crowne Point Dr., Sharonville, OH 45241
(Principal office address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Brian Mueller
Assistant Secretary
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: *Please see the attached list of officers and/or directors

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Robert C. Hoaglin, Jr.
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. President, CEO, CFO
(Typed or printed name and capacity of person signing application)

DENTAL CARE PLUS, INC.
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

11. Names and business addresses of officers and/or directors:

A. Directors:

Name: Michael J. Carl
Address: 100 Crowne Point Dr., Sharonville, OH 45241
Name: James T. Foley
Address: 100 Crowne Point Dr., Sharonville, OH 45241
Name: Ronald L. Poulos
Address: 100 Crowne Point Dr., Sharonville, OH 45241
Name: David A. Kreyling
Address: 100 Crowne Point Dr., Sharonville, OH 45241
Name: James E. Kroeger
Address: 100 Crowne Point Dr., Sharonville, OH 45241
Name: Donald J. Peak
Address: 100 Crowne Point Dr., Sharonville, OH 45241
Name: Jack M. Cook
Address: 100 Crowne Point Dr., Sharonville, OH 45241
Name: Fred H. Peck
Address: 100 Crowne Point Dr., Sharonville, OH 45241
Molly Meakin Rogers
Address: 100 Crowne Point Dr., Sharonville, OH 45241
Stephen T. Schuler
Address: 100 Crowne Point Dr., Sharonville, OH 45241

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TALLAHASSEE, FLORIDA

B. Officers:

Chairman of the Board:

Stephen T. Schuler
Address: 100 Crowne Point Dr., Sharonville, OH 45241

President, Chief Executive Officer, and Chief Financial Officer:

Robert C. Hodgkins
Address: 100 Crowne Point Dr., Sharonville, OH 45241

Vice President and Chief Operations Officer:

Jodi Fronczek
Address: 100 Crowne Point Dr., Sharonville, OH 45241

Secretary:

David A. Kreyling
Address: 100 Crowne Point Dr., Sharonville, OH 45241

DENTAL CARE PLUS, INC.
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Assistant Secretary:

Jack M. Cook

Address: 100 Crowne Point Dr., Sharonville, OH 45241

Treasurer:

Michael J. Carl

Address: 100 Crowne Point Dr., Sharonville, OH 45241

Assistant Treasurer:

Fred H. Peck

Address: 100 Crowne Point Dr., Sharonville, OH 45241

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show DENTAL CARE PLUS, INC., an Ohio corporation, Charter No. 668728, having its principal location in Sharonville, County of Hamilton, was incorporated on January 6, 1986 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of March, A.D. 2019.

A handwritten signature in black ink, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201907800794