

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 11:10:32

DOCUMENT # **K08139** (3)

1. Corporation Name
DENTICARE, INC.

Principal Place of Business 8130 BAYMEADOWS WAY WEST #200 JACKSONVILLE FL 32256-7450 US	Mailing Address 8130 BAYMEADOWS WAY WEST #200 JACKSONVILLE FL 32256-7450 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/21/1987	3a. Date of Last Report 04/27/1994
4. FEI Number 59-1652450	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**ALEKNA, STANLEY A.
8130 BAYMEADOWS WAY WEST
SUITE 200
JACKSONVILLE FL 32245**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
			FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	D	
NAME	BRUCE, OLIVER J.	<i>Delete</i>
STREET ADDRESS	8130 BAYMEADOWS WAY WEST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	SD	
NAME	COOK, MARK E.	<i>Delete</i>
STREET ADDRESS	8130 BAYMEADOWS WAY WEST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PD	
NAME	ALEKNA, STANLEY A.	
STREET ADDRESS	8130 BAYMEADOWS WAY WEST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	CD	
NAME	BRUNS, THOMAS	<i>Delete</i>
STREET ADDRESS	1140 S. RIO GRANDE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	
NAME	WILLIAMS, ROBERT V	
STREET ADDRESS	339 SAN JUAN DRIVE	
CITY - ST - ZIP	PONTE VEDRE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Ormond L. Bentley	
13 STREET ADDRESS	2801 Highway 280	
14 CITY - ST - ZIP	Birmingham, AL 35223	
21 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	DAN L. Bentley	
23 STREET ADDRESS	2801 Highway 280	
24 CITY - ST - ZIP	Birmingham, AL 35223	
31 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MARK COOK	
33 STREET ADDRESS	8130 Baymeadows Way West	
34 CITY - ST - ZIP	JACKSONVILLE, FL 32256	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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]* **6-1-95** (904)
Mark E. Cook Treasurer **731-1870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Contact: **Wayne Newbern, Controller 904-731-1870**