

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business: **8130 BAYMEADOWS WAY WEST #200 JACKSONVILLE FL 32256-7450 US**
2a. Mailing Address: **8130 BAYMEADOWS WAY WEST #200 JACKSONVILLE FL 32256-7450 US**

3. Date Incorporated or Qualified: **12/21/1987**
3a. Date of Last Report: **06/21/1995**
4. FEI Number: **59-1652450**
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

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:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 Zip Code:

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: BENTLEY, ORMOND L	11 TITLE:	12 NAME:
STREET ADDRESS: 2801 HWY 280	CITY-STATE-ZIP: BIRMINGHAM AL	13 STREET ADDRESS:	14 CITY-STATE-ZIP:
TITLE: D	NAME: BENTLEY, DAN	21 TITLE:	22 NAME:
STREET ADDRESS: 2801 HWY 280	CITY-STATE-ZIP: BIRMINGHAM AL	23 STREET ADDRESS:	24 CITY-STATE-ZIP:
TITLE: S	NAME: COOK, MARK	31 TITLE:	32 NAME:
STREET ADDRESS: 8130 BAYMEADOWS WAY WEST	CITY-STATE-ZIP: JACKSONVILLE FL	33 STREET ADDRESS:	34 CITY-STATE-ZIP:
TITLE:	NAME:	41 TITLE:	42 NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	43 STREET ADDRESS:	44 CITY-STATE-ZIP:
TITLE:	NAME:	51 TITLE:	52 NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	53 STREET ADDRESS:	54 CITY-STATE-ZIP:
TITLE:	NAME:	61 TITLE:	62 NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	63 STREET ADDRESS:	64 CITY-STATE-ZIP:

PD
**ALEKNA, STANLEY A.
4724 KERNAN MILL LANE EAST
JACKSONVILLE FL 32224**

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 119.07(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 as an attachment with an address.

SIGNATURE: *Mark Cook*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARK COOK

FEB 0 1 1996
964 731-1870
Date Filed: _____ Date of Filing: _____

CR2E034 (12/95)