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FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # K08139 (3)

1. Corporation Name
DENTICARE, INC.



Principal Place of Business Mailing Address

8130 BAYMEADOWS WAY WEST #200 JACKSONVILLE FL 32256-7450 US

8130 BAYMEADOWS WAY WEST #200 JACKSONVILLE FL 32256-7479 US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **12/21/1987** 3a. Date of Last Report **02/07/1996**

4. FEI Number **59-1652450** Applied For Not Applicable

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 **32256**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, ORMOND L	1.2 NAME	
STREET ADDRESS	2801 HWY 280 S	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35223	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, DAN	2.2 NAME	
STREET ADDRESS	2801 HWY 280 S	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35223	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, MARK	3.2 NAME	SECRETARY
STREET ADDRESS	8130 BAYMEADOWS WAY WEST	3.3 STREET ADDRESS	LONG, DEBORAH J.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	2801 HWY 280 SOUTH
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEKNA, STANLEY A	4.2 NAME	
STREET ADDRESS	4724 KERNAN MILL LANE EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 amendment with an address.

SIGNATURE:  **STAN A. ALEKNA** 4/29/97 (904) 234-8720

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

CR2E034 (9/96)