

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

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

3. Date Incorporated or Qualified 12/21/1987	Applied For Not Applicable
4. FEI Number 59-1652450	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ALEKNA, STANLEY A.
 8130 BAYMEADOWS WAY WEST
 SUITE 200
 JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name **GLENN H. KOLLEN**

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 *Glenn H. Kollen* **GLENN H. KOLLEN** 4/27/98

Signature, typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input checked="" 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	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	2.4 CITY-ST-ZIP
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, DEBORAH J	3.2 NAME
STREET ADDRESS	2801 HWY 280 S	3.3 STREET ADDRESS
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEKNA, STANLEY A	4.2 NAME GLENN KOLLEN
STREET ADDRESS	4724 KERNAN MILL LANE EAST	4.3 STREET ADDRESS 8130 BAYMEADOWS WAY W 200
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME JERRY W. DEFOOR
STREET ADDRESS		5.3 STREET ADDRESS 2801 HWY 280 SOUTH
CITY-ST-ZIP		5.4 CITY-ST-ZIP BIRMINGHAM, AL 35223
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 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 attachment with an address.

SIGNATURE *Glenn H. Kollen* **PRESIDENT + COO** 4/27/98 (904) 731-1870

CR2E034 (10/97)