

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90020 023 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **K08139** ✓  
 1. Corporation Name  
**DENTICARE, INC.**



DO NOT WRITE IN THIS SPACE

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**

3. Date Incorporated or Qualified  
**12/21/1987**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

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 owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President/Chief Operating Officer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BENTLEY, ORMOND L</b>	1.2 NAME	<b>Peter Ralph Barnett</b>
STREET ADDRESS	<b>2801 HWY 280 S</b>	1.3 STREET ADDRESS	<b>13601 Preston Road Suite 500 East</b>
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	1.4 CITY-ST-ZIP	<b>Dallas, TX 75240</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President, Marketing</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENTLEY, DAN</b>	2.2 NAME	
STREET ADDRESS	<b>2801 HWY 280 S</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONG, DEBORAH J</b>	3.2 NAME	
STREET ADDRESS	<b>2801 HWY 280 S</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KOLLEN, GLENN</b>	4.2 NAME	<b>James Thomas Helton</b>
STREET ADDRESS	<b>8130 BAYMEADOWS WAY W 200</b>	4.3 STREET ADDRESS	<b>2801 Hwy 280 South</b>
CITY-ST-ZIP	<b>JAX FL 32256</b>	4.4 CITY-ST-ZIP	<b>Birmingham, AL 35223</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEFOOR, J</b>	5.2 NAME	
STREET ADDRESS	<b>2301 HWY 280 S</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35223</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Eugene Applegate Deathy</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>2801 Hwy 280 South</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Birmingham, AL 35223</b>

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: **JAMES T. HELTON** 8/4/99 205-868-3566

CR2E034 (5/99)