

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90313 035 ***150.00

DOCUMENT # K08139
 1. Entity Name
DENTICARE, INC.

Principal Place of Business Mailing Address
8130 BAYMEADOWS WAY WEST **2801 HWY 280 SOUTH**
#200 **BIRMINGHAM AL 35223**
JACKSONVILLE FL 32256-7450 **US**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. P.O. Box 419052

City & State City & State
 Kansas City, MO

4. FEI Number Applied For
59-1652450 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALOS, CHRIS T 2801 HIGHWAT 280 SO. BIRMINGHAM AL 35223 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEVENS, DAVID C 2801 HWY 280 S BIRMINGHAM AL 35223 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONG, DEBORAH J 2801 HWY 280 S BIRMINGHAM AL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLDES, TIMOTHY H 2801 HWY 280 S BIRMINGHAM AL 35223 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEFOOR, J 2301 HWY 280 S BIRMINGHAM AL 35223 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BEATTY, EUGENE A 2801 HWY 280 S BIRMINGHAM AL 35223 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael J. Peninger 2323 Grand Blvd. Kansas City, MO 64108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bradley C. Johnson 2323 Grand Blvd. Kansas City, MO 64108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kenneth D. Bowen 2323 Grand Blvd. Kansas City, MO 64108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Floyd F. Chadee 2323 Grand Blvd. Kansas City, MO 64108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Julie M. Bosworth 2323 Grand Blvd. Kansas City, MO 64108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kenneth D. Bowen** 3/19/02 816-474-2357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)