

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K08139

FILED
Mar 11, 2004
Secretary of State

Entity Name: DENTICARE, INC.

Current Principal Place of Business:

8130 BAYMEADOWS WAY WEST
#200
JACKSONVILLE, FL 322567450 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 419052
KANSAS CITY, MO 641416052 US

New Mailing Address:

FEI Number: 59-1652450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PENINGER, MICHAEL J
Address: 2323 GRAND BLVD
City-St-Zip: KANSAS CITY, MO 64108

Title: VD () Delete
Name: JOHNSON, BRADLEY C
Address: 2323 GRAND BLVD
City-St-Zip: KANSAS CITY, MO 64108

Title: SD () Delete
Name: BOWEN, KENNETH D
Address: 2323 GRAND BLVD
City-St-Zip: KANSAS CITY, MO 64108

Title: VTD () Delete
Name: CHADEE, FLOYD F
Address: 2323 GRAND BLVD
City-St-Zip: KANSAS CITY, MO 64108

Title: D () Delete
Name: BOSWORTH, JULIE M
Address: 2323 GRAND BLVD
City-St-Zip: KANSAS CITY, MO 64108

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: GALGINAITIS, DANNY J
Address: 501 W. MICHIGAN STREET
City-St-Zip: MILWAUKEE, WI 53203

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH D. BOWEN

SD

03/11/2004

Electronic Signature of Signing Officer or Director

_____ Date

GARY L. LAU
501 W. MICHIGAN STREET
MILWAUKEE, WI 53203