

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000000047 (9)**

1. Corporation Name

PROJECT: DENTISTS CARE, INC.



Principal Place of Business: **1111 EAST TENNESSEE STREET STE. 102 TALLAHASSEE FL 32308**
Mailing Address: **1111 EAST TENNESSEE STREET STE. 102 TALLAHASSEE FL 32308**

3. Date Incorporated or Qualified: **01/04/1995**
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3287600	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
NICOL, GRAHAM H ESQ. 1111 EAST TENNESSEE STREET STE. 102 TALLAHASSEE FL 32308		81 Name	MR. DANIEL J. BUKER		
		82 Street Address (P.O. Box Number is Not Acceptable)	1111 E TENNESSEE STREET		
		83			
		84 City	TALLAHASSEE	85 Zip Code	FL 32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[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	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRETTI, THOMAS A DR.	1.2 NAME	DR. FRANKLIN M. BOYAR
STREET ADDRESS	4300 BAYOU BLVD. STE. 11	1.3 STREET ADDRESS	715 NE THIRD AVE
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTTER, LINDA A DR.	2.2 NAME	
STREET ADDRESS	2532 OAK STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISTRUNK, OSCAR JR.	3.2 NAME	
STREET ADDRESS	200 NO. DENNING DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, RICHARD L	4.2 NAME	
STREET ADDRESS	2249 NO. UNIVERSITY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEILL, SAMUEL J	5.2 NAME	
STREET ADDRESS	220 SO. DIXIE HIGHWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, NOLAN W DR.	6.2 NAME	
STREET ADDRESS	2226 DRUID ROAD EAST	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3-7-96** DAYTIME PHONE #: **813-797-8800**

CR2E037 (12/95)