


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000047 (9)**  
1. Corporation Name  
**PROJECT: DENTISTS CARE, INC.**



Principal Place of Business <b>1111 EAST TENNESSEE STREET STE 102 TALLAHASSEE FL 32308</b>	Mailing Address <b>1111 EAST TENNESSEE STREET STE 102 TALLAHASSEE FL 32308-6914</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/04/1995</b>	3a. Date of Last Report <b>03/27/1996</b>
21. Sulte, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3287600</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BUKER, DANIEL J. 1111 E. TENNESSEE STREET TALLAHASSEE FL 32308</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
	85. Zip Code

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 \_\_\_\_\_ (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 type="checkbox"/> DELETE	1.1 TITLE	<b>MD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FERRETTI, THOMAS A DR.</b>	1.2 NAME	<b>BUKER, DANIEL J.</b>
STREET ADDRESS	<b>4300 BAYOU BLVD. STE. 11</b>	1.3 STREET ADDRESS	<b>1111 E TENNESSEE STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	1.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYAR, FRANKLIN M.</b>	2.2 NAME	
STREET ADDRESS	<b>715 NE THIRD AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SISTRUNK, OSCAR JR.</b>	3.2 NAME	
STREET ADDRESS	<b>200 NO. DENNING DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERMAN, RICHARD L</b>	4.2 NAME	
STREET ADDRESS	<b>2249 NO. UNIVERSITY DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCNEILL, SAMUEL J</b>	5.2 NAME	
STREET ADDRESS	<b>220 SO. DIXIE HIGHWAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>STD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALLEN, NOLAN W DR.</b>	6.2 NAME	<b>DUNDEE, NICHOLAS</b>
STREET ADDRESS	<b>2228 DRUID ROAD EAST</b>	6.3 STREET ADDRESS	<b>3354 SE 17th PLACE</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	6.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)