


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
01/04/1995

4. FEI Number 59-3287600	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

BUKER, DANIEL J.
1111 E. TENNESSEE STREET
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERRETTI, THOMAS A DR.	
STREET ADDRESS	4300 BAYOU BLVD. STE. 11	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOYAR, FRANKLIN M.	
STREET ADDRESS	715 NE THIRD AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SISTRUNK, OSCAR JR.	
STREET ADDRESS	200 NO. DENNING DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERMAN, RICHARD L	
STREET ADDRESS	2249 NO. UNIVERSITY DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MCNEILL, SAMUEL J	
STREET ADDRESS	220 CO. DIXIE HIGHWAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	BUKER, DANIEL J	
STREET ADDRESS	1111 E. TENNESSEE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DUNDEE, NICHOLAS J.	
1.3 STREET ADDRESS	3354 SE 17th PLACE	
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KEEFE, MARIAN K.	
2.3 STREET ADDRESS	7220 PINE FOREST ROAD	
2.4 CITY-ST-ZIP	PENSACOLA, FL 32526	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TROTTER, LINDA A.	
3.3 STREET ADDRESS	2532 OAK STREET	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WEBMAN, MARK S.	
4.3 STREET ADDRESS	6601 SW 80th STREET	
4.4 CITY-ST-ZIP	S. MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MCNEILL, SAMUEL J.	
5.3 STREET ADDRESS	3074 LAKE WORTH ROAD	
5.4 CITY-ST-ZIP	LAKE WORTH, FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: _____ **4/17/98** (650) 681-2629

CR2E037 (10/97)