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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000000047

1. Corporation Name
PROJECT: DENTISTS CARE, INC.

Principal Place of Business: 1111 EAST TENNESSEE STREET STE. 100 TALLAHASSEE FL 32308
 Mailing Address: 1111 EAST TENNESSEE STREET STE. 105 TALLAHASSEE FL 32308



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/04/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 N/A		27 N/A		59-3287600	
City & State		City & State		5. Certificate of Status Desired	
23		28		D \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		30	
25		30		5.00 May Be Added to Fees	

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

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	ST D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DUNDEE, NICHOLAS J			1.2 NAME	CHICETTI, RICHARD J		
STREET ADDRESS	3354 SE 17TH PL			1.3 STREET ADDRESS	1305 THOMASWOOD DRIVE		
CITY-ST-ZIP	CAPE CORAL FL 33904			1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOYAR, FRANKLIN M.			2.2 NAME	KEEFE, MARIAN KATHY		
STREET ADDRESS	715 NE THIRD AVENUE			2.3 STREET ADDRESS	7220 PINE FOREST ROAD		
CITY-ST-ZIP	DELRAY BEACH FL 33444			2.4 CITY-ST-ZIP	PENSACOLA, FL 32526		
TITLE	B VPD	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SISTRUNK, OSCAR JR.			3.2 NAME	PELLARIN, ROBERT D		
STREET ADDRESS	200 NO. DENNING DRIVE			3.3 STREET ADDRESS	201 MORAY LANE #A		
CITY-ST-ZIP	WINTER PARK FL 32789			3.4 CITY-ST-ZIP	WINTER PARK, FL 32792		
TITLE	B STD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHERMAN, RICHARD L			4.2 NAME	SCALES, KENNETH		
STREET ADDRESS	2249 NO. UNIVERSITY DRIVE			4.3 STREET ADDRESS	4116 BLANDING BLVD		
CITY-ST-ZIP	PEMBROKE PINES FL 33024			4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210		
TITLE	VBD D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCNEILL, SAMUEL J			5.2 NAME			
STREET ADDRESS	3074 LAKE WORTH RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33461			5.4 CITY-ST-ZIP			
TITLE	MD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUKER, DANIEL J			6.2 NAME			
STREET ADDRESS	1111 E. TENNESSEE STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			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, with all other like empowered.

SIGNATURE: _____ DATE: 2/4/99 DAYTIME PHONE: 850-681-3629

CR2E037 (11/98)