

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000000047

FILED  
Apr 18, 2002 8:00 AM  
Secretary of State

Entity Name: PROJECT: DENTISTS CARE, INC.

## Current Principal Place of Business:

1111 EAST TENNESSEE STREET STE. 102  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

## Current Mailing Address:

1111 EAST TENNESSEE STREET STE. 102  
TALLAHASSEE, FL 32308

## New Mailing Address:

FEI Number: 59-3287600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: DTS ( ) Delete  
Name: DUNDEE, NICHOLAS J  
Address: 3354 SE 17TH PL  
City-St-Zip: CAPE CORAL, FL 33904

Title: PD ( ) Delete  
Name: BOYAR, FRANKLIN M.  
Address: 715 NE THIRD AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: VPD ( ) Delete  
Name: SISTRUNK, OSCAR JR.  
Address: 200 NO. DENNING DRIVE  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: KEEFE, MARIAN K  
Address: 7220 PINE FOREST ROAD  
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete  
Name: LLAMAS, LUIS M  
Address: 5965 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 331462423

Title: MD ( ) Delete  
Name: BUKER, DANIEL J  
Address: 1111 E. TENNESSEE STREET  
City-St-Zip: TALLAHASSEE, FL 32308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DTS (X) Change ( ) Addition  
Name: DUNDEE, NICHOLAS J  
Address: 455 DEL PRADO BLVD. S  
City-St-Zip: CAPE CORAL, FL 339902611

Title: D (X) Change ( ) Addition  
Name: BELL, HOWARD C  
Address: 3927 BAYMEADOWS ROAD  
City-St-Zip: JACKSONVILLE, FL 322174636

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BUKER, DANIEL

MD

04/18/2002

Electronic Signature of Signing Officer or Director

Date

PD SHERMAN, RICHARD L.  
2249 N. UNIVERISTY DR.  
PEMBROKE PINE, FL 33024-3611

D DUMBAUGH, ROBERT HENRY  
P.O.BOX 29  
WEST PALM BEACH, FL 33402-0029