

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000047

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: PROJECT: DENTISTS CARE, INC.

**Current Principal Place of Business:**

1111 E TENNESSEE ST  
TALLAHASSEE, FL 323086914 US

**New Principal Place of Business:**

**Current Mailing Address:**

1111 E TENNESSEE ST  
TALLAHASSEE, FL 323086914 US

**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 ST  
TALLAHASSEE, FL 323086914 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: P ( ) Delete  
Name: FERLITA, DAVID DR  
Address: 1911 N FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 334076114 US

Title: VP ( ) Delete  
Name: BELL, HOWARD C DR  
Address: 8789 SAN JOSE BLVD STE 107  
City-St-Zip: JACKSONVILLE, FL 322174253 US

Title: STD ( ) Delete  
Name: PAYNE, ROBERT W DR  
Address: 3015 JEFFERSON ST #D  
City-St-Zip: MARIANNA, FL 324462300 US

Title: D ( ) Delete  
Name: GAY, JOSEPH S DR  
Address: 18063 NW 27TH AVE  
City-St-Zip: OPA LOCKA, FL 330563506 US

Title: D ( ) Delete  
Name: BODNAR, GABOR DR  
Address: 4640 N FEDERAL HWY #E  
City-St-Zip: FORT LAUDERDALE, FL 333085205 US

Title: MD ( ) Delete  
Name: MACDONALD, ROBERT M  
Address: 1111 E TENNESSEE ST  
City-St-Zip: TALLAHASSEE, FL 323086914 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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 Chapter 119, 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: ROBERT MACDONALD

MD

01/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date