

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000047

FILED
Jan 06, 2012
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: PD
Name: WALTON, JAMES F DR
Address: 1280 TIMBERLANE RD
City-St-Zip: TALLAHASSEE, FL 32312 US

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

Title: CFO
Name: MOORE, JACK A MR
Address: 1111 E TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 323086914 US

Title: SD
Name: D' AIUTO, CHARLES W DR
Address: 195 BRIARCLIFF DR STE 111
City-St-Zip: LONGWOOD, FL 327794443 US

Title: TD
Name: RUSSELL, DAVID L DR
Address: 14 RACETRACK RD NW
City-St-Zip: FT WALTON BEACH, FL 32547 US

Title: COO
Name: PAYTON, RUSSELL MR
Address: 1111 E TENNESSEE ST
City-St-Zip: TALLAHASSEE, FL 323086914 US

I hereby 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 all other like empowered.

SIGNATURE: JACK A MOORE

CFO

01/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date