

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000000047

FILED
Apr 23, 2003
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: 455 DEL PRADO BLVD. S
City-St-Zip: CAPE CORAL, FL 339902611

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

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: PD (X) Change () Addition
Name: FLOYD, THOMAS P DR
Address: 400 EXECUTIVE CTR DRIVE# 105
City-St-Zip: WEST PALM BEACH, FL 334012919 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MCNEILL, SAMUEL J DR
Address: 1970 RICHARD LANE
City-St-Zip: WEST PALM BEACH, FL 334066533 US

Title: DTS (X) Change () Addition
Name: PARKER, DAVID G
Address: 2241 YEOMAN COURT
City-St-Zip: PORT CHARLOTTE, FL 33983 US

Title: D (X) Change () Addition
Name: KIERNAN, LOYD J DR
Address: 110 WATERMAN AVE.
City-St-Zip: MOUNT DORA, FL 32757

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 J.

MD

04/23/2003

Electronic Signature of Signing Officer or Director

_____ Date

DR. GARY L WEITEKAMP, DIRECTOR
2407 ST. ANDREWS BLVD. #A
PANAMA CITY, FL 32405-2170

DR. GARY L WEITEKAMP, DIRECTOR
2407 ST. ANDREWS BLVD. #A