

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90094 050 ***150.00

DOCUMENT # P32333

1. Corporation Name

THE DENTAL CONCERN, INC.

Principal Place of Business

P.O. BOX 740026
ATTN: TAX DEPT
LOUISVILLE KY 40201-7426

Mailing Address

P.O. BOX 740026
ATTN: TAX DEPT
LOUISVILLE KY 40201-7426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1990

4. FEI Number

52-1157181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

THE REGISTERED AGENT HAS BEEN CHANGED TO:
CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

81 Name

Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WOLF, GREGORY
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE V
NAME BAUERNFEIND, GEORGE G.
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40202 ☐ DELETE

TITLE S
NAME LENAHER, JOAN O.
STREET ADDRESS 500 W. MAIN
CITY-ST-ZIP LOUISVILLE KY 40201 ☐ DELETE

TITLE VP
NAME MURRAY, JAMES E.
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE SVPD
NAME MCALLISTER, MICHAEL B
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE SVPD
NAME COUGHLIN, KAREN A.
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40202 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

VP, T
DOUCETTE, JAMES

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 607, 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: *George Bauernfeind* VP-TAX 4-29-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)