

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91164 020 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32333

1. Entity Name

THE DENTAL CONCERN, INC.

Principal Place of Business

Mailing Address

500 W. MAIN ST.
LOUISVILLE, KY
40202

PO BOX 740026
LOUISVILLE, KY
40201-7426

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1157181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

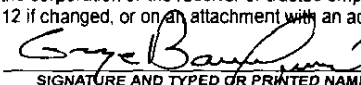
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES & CEO	☐ Delete
NAME	MICHAEL B. McCALLISTER	
STREET ADDRESS	500 W. MAIN ST.	
CITY - ST - ZIP	LOUISVILLE, KY 40202	
TITLE	DIRECTOR	☐ Delete
NAME	KENNETH J. FASOLA	
STREET ADDRESS	500 W. MAIN ST.	
CITY - ST - ZIP	LOUISVILLE, KY 40202	
TITLE	VP	☐ Delete
NAME	GEORGE G. BAUERNFEIND	
STREET ADDRESS	500 W. MAIN ST.	
CITY - ST - ZIP	LOUISVILLE, KY 40202	
TITLE	SECRETARY	☐ Delete
NAME	JOAN O. LENAHA	
STREET ADDRESS	500 W. MAIN ST.	
CITY - ST - ZIP	LOUISVILLE, KY 40202	
TITLE	VPT	☐ Delete
NAME	BRETT J. MCINTYRE	
STREET ADDRESS	500 W. MAIN ST.	
CITY - ST - ZIP	LOUISVILLE, KY 40202	
TITLE	DIRECTOR	☐ Delete
NAME	JAMES E. MURRAY	
STREET ADDRESS	500 W. MAIN ST.	
CITY - ST - ZIP	LOUISVILLE, KY 40202	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **GEORGE G. BAUERNFEIND** 4/25/01 (502) 580-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #