## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000047

Entity Name: PROJECT: DENTISTS CARE, INC.

**Current Principal Place of Business:** 

1111 E TENNESSEE ST TALLAHASSEE, FL 32308-6914

**Current Mailing Address:** 

1111E TENNESSEE ST

TALLAHASSEE. FL 32308-6914 US

FEI Number: 59-3287600 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BUKER, DANIEL J ESQ. 1111E TENNESSEE ST TALLAHASSEE, FL 32308-6914 US

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: DANIEL J. BUKER 01/23/2013

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PΠ Title VPD

WALTON, JAMES F DR. PAYNE, ROBERT W DR. Name Name Address 1280 TIMBERLANE RD 3015 JEFFERSON ST #D Address City-State-Zip: MARIANNA FL 32446-2300 TALLAHASSEE FL 32312 City-State-Zip:

Title SD Title **CFO** 

Name FUTRELL, HARRY C DR. MOORE, JACK A MR. Name Address 330 W 23RD STREET #J Address 1111 E TENNESSEE STREET

PANAMA CITY FL 32405-4540 City-State-Zip: TALLAHASSEE FL 32308-6914 City-State-Zip:

Title COO Title TD

Name PAYTON, RUSSELL MR Name RUSSELL. DAVID L DR. Address 1111 E TENNESSEE ST Address 14 RACETRACK RD NW

City-State-Zip: TALLAHASSEE FL 32308-6914 FT WALTON BEACH FL 32547 City-State-Zip:

Title DIRECTOR Title VP, DIRECTOR

Name ALLEN, NOLAN W DR. DOLAN, TERESA A DR. Name 1111 E TENNESSEE ST Address

UNIV OF FL COLLEGE OF DENTISTRY Address

PO BOX 100405, JHMHC City-State-Zip: TALLAHASSEE FL 32308-6914

City-State-Zip: GAINESVILLE FL 32611-0405

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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.

01/23/2013 SIGNATURE: JACK A. MOORE **CFO** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Jan 23, 2013

Secretary of State

CC5922588578

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name BUCKENHEIMER, TERRY L DR. Name D'AIUTO, CHARLES W DR.

Address 1111 E TENNESSEE ST Address 1111 E TENNESSEE ST

City-State-Zip: TALLAHASSEE FL 32308-6914 City-State-Zip: TALLAHASSEE FL 32308-6914

Title DIRECTOR Title DIRECTOR

NameGORDY, CHANEY B DR.NameLASTRA, IDALIA DR.Address1111 E TENNESSEE STAddress1111 E TENNESSEE ST

City-State-Zip: TALLAHASSEE FL 32308-6914 City-State-Zip: TALLAHASSEE FL 32308-6914