

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000047

FILED
Apr 22, 2019
Secretary of State
9945063367CC

Entity Name: PROJECT: DENTISTS CARE, INC.

Current Principal Place of Business:

545 JOHN KNOX ROAD, SUITE 200
TALLAHASSEE, FL 32303

Current Mailing Address:

545 JOHN KNOX ROAD, SUITE 200
TALLAHASSEE, FL 32303 US

FEI Number: 59-3287600

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EASON, ANDREW J
545 JOHN KNOX ROAD, SUITE 200
TALLAHASSEE, FL 32303 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: ANDREW J. EASON

04/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WALTON, JAMES F DR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title PRESIDENT, DIRECTOR
Name PAYNE, ROBERT W DR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title CFO
Name GRUBER, GREGORY W MR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name BIRD, JERRY DR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR OF FOUNDATION AFFAIRS
Name GILLIUM, R. JAI
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name BUCKENHEIMER, KAREN MRS.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name ALLEN, NOLAN W DR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title TREASURER, DIRECTOR
Name BUCKENHEIMER, TERRY L DR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

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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.

SIGNATURE: GREGORY W. GRUBER

CFO

04/22/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BURWELL, BETH MS.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name LASTRA, IDALIA DR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title VP, DIRECTOR
Name BUSTILLO, NATALIE DR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title SECRETARY, DIRECTOR
Name STEVENSON, RICHARD DR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title CEO
Name EASON, ANDREW J.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name GARCIA, ISABEL DR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name TANDY, BRUCE DR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name GORDY, BRUCE DR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name ATTANASI, RALPH DR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name GLERUM, KAREN DR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name MENENDEZ, OSCAR DR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name CULLINAN, LEO DR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name NIESSEN, LINDA DR.
Address 545 JOHN KNOX ROAD, SUITE 200
City-State-Zip: TALLAHASSEE FL 32303