2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2013
Secretary of State
CC7115045002

DOCUMENT# P32333

Entity Name: THE DENTAL CONCERN, INC.

Current Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

P.O. BOX 740026
LOUISVILLE, KY 40201-7426

FEI Number: 52-1157181

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP
Name	BAUERNFEIND, GEORGE G
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	S
Name	LENAHAN, JOAN O
Address	500 W. MAIN
City-State-Zip:	LOUISVILLE KY 40202

Title	D
Name	MURRAY, JAMES E
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	P
Name	GANONI, GERALD L
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	TCFO
Name	BLOEM, JAMES H
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	D
Name	BROUSSARD , BRUCE
Address	500 WEST MAIN ST
City-State-Zip:	LOUISVILLE KY 40202

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE BAUERNFEIND VICE PRESIDENT 04/29/2013

Electronic Signature of Signing Officer/Director Detail — Date