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Jan 30 1997 8:00am

Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 759946 (7)

1. Corporation Name

DENTAL OUTREACH, INC.

Principal Place of Business

245 BABSON DR  
PO BOX 300  
BABSON PK FL 33827

Mailing Address

245 BABSON DR  
PO BOX 300  
BABSON PK FL 33827-0300

3. Date Incorporated or Qualified  
09/09/1981

3a. Date of Last Report  
01/31/1996

4. FEI Number

59-2126730

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ULLOM, VIRGIL W  
245 BABSON DR  
BABSON PARK FL 33827

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
ULLOM, LEONORA M  
245 BABSON DR  
BABSON PK, FL 00000 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
KANDEL, EUGENE C  
515 CANTERBURY DRIVE  
FINDLAY, OHIO 00000 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
ULLOM, VIRGIL W  
245 BABSON DR  
BABSON PK, FL 00000 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ADAMS, ALBERT C.  
7194 E COURT ST.  
DAVISON MI ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
FOURMAN, MICHAEL J.  
6253 U S RTE 36E  
GREENVILLE OH ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WOLFE, RANDALL L.  
1620 COPPER CREEK DR.  
OWENSBORO KY ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE

CR2E037 (9/96)