

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 759946

1. Entity 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

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2126730

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ULLOM, VIRGIL W
245 BABSON DR
BABSON PARK, FL 33827

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	ULLOM, LEONORA M
STREET ADDRESS	245 BABSON DR
CITY-STATE-ZIP	BABSON PK, FL
TITLE	V
NAME	KANDEL, EUGENE C
STREET ADDRESS	515 CANTERBURY DRIVE
CITY-STATE-ZIP	FINDLAY, OH
TITLE	P
NAME	ULLOM, VIRGIL W
STREET ADDRESS	245 BABSON DR
CITY-STATE-ZIP	BABSON PK, FL
TITLE	D
NAME	FOURMAN, MICHAEL J.
STREET ADDRESS	6253 U S RTE 36E
CITY-STATE-ZIP	GREENVILLE, OH
TITLE	D
NAME	WOLFE, RANDALL L.
STREET ADDRESS	1620 COPPER CREEK DR.
CITY-STATE-ZIP	OWENSBORO, KY
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/22/08-60028-006 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/08
Date

863-638-2228
Daytime Phone #