2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# 759946

Entity Name: DENTAL OUTREACH, INC.

Current Principal Place of Business:

245 BABSON DR
PO BOX 300
BABSON PK, FL 33827

New Principal Place of Business:

245 BABSON DR
BABSON PK, FL 33827

Current Mailing Address:

245 BABSON DR
PO BOX 300
BABSON PK, FL 33827

New Mailing Address:

245 BABSON DR
BABSON PK, FL 33827

FEI Number: 59-2126730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	ST	( ) Delete
Name:	ULLOM, LEONORA M,	
Address:	245 BABSON DR	
City-St-Zip:	BABSON PK, FL	
Title:	V	( ) Delete
Name:	KANDEL, EUGENE C,	
Address:	515 CANTERBURY DRIVE	
City-St-Zip:	FINDLAY, OH	
Title:	P	( ) Delete
Name:	ULLOM, VIRGIL W,	
Address:	245 BABSON DR	
City-St-Zip:	BABSON PK, FL	
Title:	D	( ) Delete
Name:	FOURMAN, MICHAEL J.,	
Address:	6253 U S RTE 36E	
City-St-Zip:	GREENVILLE, OH	
Title:	D	( ) Delete
Name:	WOLFE, RANDALL L.,	
Address:	1620 COPPER CREEK DR.	
City-St-Zip:	OWENSBORO, KY	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEONORA ULLOM ST 02/26/2009

Electronic Signature of Signing Officer or Director — Date