

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004732 (0)**

1. Corporation Name  
**PENTEGRA DENTAL GROUP, INC.**



Principal Place of Business <b>2999 N. 44TH ST., #650 PHOENIX AZ 85018</b>	Mailing Address <b>2999 N. 44TH ST., #650 PHOENIX AZ 85018</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/10/1997</b>	
21		26		4. FEI Number <b>76-0529789</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code
				<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REED, OMER DDS</b>	1.2 NAME	<b>Sr. V Kimberlee Rozman</b>
STREET ADDRESS	<b>2999 N. 44TH ST., #650</b>	1.3 STREET ADDRESS	<b>2999 N. 44th Street, Ste. 650</b>
CITY-ST-ZIP	<b>PHOENIX AZ 85018</b>	1.4 CITY-ST-ZIP	<b>Phoenix, AZ 85018</b>
TITLE	<b>PDC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GLATTER, GARY</b>	2.2 NAME	<b>D Michael Casas</b>
STREET ADDRESS	<b>2999 N. 44TH ST., #650</b>	2.3 STREET ADDRESS	<b>18000 Groschke, Bldg. A-2</b>
CITY-ST-ZIP	<b>PHOENIX AZ 85018</b>	2.4 CITY-ST-ZIP	<b>Houston, TX 77084</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUNN, JAMES JR</b>	3.2 NAME	<b>Ronald E. Geistfeld, DDS</b>
STREET ADDRESS	<b>2999 N. 44TH ST., #650</b>	3.3 STREET ADDRESS	<b>13964 North Willow Bend Drive</b>
CITY-ST-ZIP	<b>PHOENIX AZ 85018</b>	3.4 CITY-ST-ZIP	<b>Tucson, AZ 85737</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIEGEL, GEORGE</b>	4.2 NAME	<b>D Ronnie L. Address, DDS</b>
STREET ADDRESS	<b>2999 N. 44TH ST., #650</b>	4.3 STREET ADDRESS	<b>1723 North Avenue K</b>
CITY-ST-ZIP	<b>PHOENIX AZ 85018</b>	4.4 CITY-ST-ZIP	<b>Freeport, TX 77541</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARR, SAM H</b>	5.2 NAME	<b>D Roger Allen Kay, DDS</b>
STREET ADDRESS	<b>2999 N. 44TH ST., #650</b>	5.3 STREET ADDRESS	<b>32 Main Street</b>
CITY-ST-ZIP	<b>PHOENIX AZ 85018</b>	5.4 CITY-ST-ZIP	<b>Livermore Falls, ME 04254</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THAYER, JOHN</b>	6.2 NAME	<b>D James H. Clarke, Jr., DDS</b>
STREET ADDRESS	<b>2999 N. 44TH ST., #650</b>	6.3 STREET ADDRESS	<b>17222 Red Oak Drive, Ste. 100</b>
CITY-ST-ZIP	<b>PHOENIX AZ 85018</b>	6.4 CITY-ST-ZIP	<b>Houston, TX 77090-2614</b>

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kimberlee K Rozman, Sr VP* 5-13-98 214-953-5604

CR2E034 (10/97)