

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90027 048 ***150.00

DOCUMENT # **F97000004732**

1. Entity Name

PENTEGRA DENTAL GROUP, INC.

Principal Place of Business

Mailing Address

741953

2. Principal Place of Business
2999 N. 44TH STREET

3. Mailing Address
2999 N. 44TH STREET

Suite, Apt. #, etc.
SUITE 650

Suite, Apt. #, etc.
SUITE 650

City & State
PHOENIX, AZ

City & State
PHOENIX, AZ

DO NOT WRITE IN THIS SPACE

Zip
85018

Country
US

Zip
85018

Country
US

4. FEI Number
76-0545043

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$250.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CHAIRMAN/CEO
JAMES M. POWERS, JR. D.D.S.
2999 N. 44TH STREET #650
PHOENIX, AZ 85018**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR/SVP/CFO
SAM H. CARR
2999 N. 44TH STREET #650
PHOENIX, AZ 85018**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVP
JAMES DUNN, JR.
2999 N. 44TH STREET #650
PHOENIX, AZ 85018**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
OMER REED, D.D.S.
2999 N. 44TH STREET #650
PHOENIX, AZ 85018**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

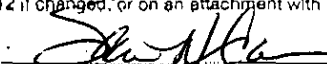
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
GEORGE SIEGEL
2999 N. 44TH STREET #650
PHOENIX, AZ 85018**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP/DIRECTOR
JOHN THAYER
2999 N. 44TH STREET #650
PHOENIX, AZ 85018**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
ANTHONY P. MARIS
431 MARL ROAD
COLTS NECK, NY 07722**

13. 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 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 807, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SAM H. CARR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/00 602-952-1200

Date Daytime Phone #