

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K08139** ✓

1. Corporation Name
DENTICARE, INC.

Principal Place of Business
**8130 BAYMEADOWS WAY WEST
#200
JACKSONVILLE FL 32256-7450
US**

Mailing Address
**8130 BAYMEADOWS WAY WEST
#200
JACKSONVILLE FL 32256-7450
US**

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90020 023 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/21/1987

4. FEI Number
59-1652450

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 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

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 **D** ☒ DELETE
NAME **BENTLEY, ORMOND L**
STREET ADDRESS **2801 HWY 280 S**
CITY-ST-ZIP **BIRMINGHAM AL**

TITLE **D** ☐ DELETE
NAME **BENTLEY, DAN**
STREET ADDRESS **2801 HWY 280 S**
CITY-ST-ZIP **BIRMINGHAM AL**

TITLE **S** ☐ DELETE
NAME **LONG, DEBORAH J**
STREET ADDRESS **2801 HWY 280 S**
CITY-ST-ZIP **BIRMINGHAM AL**

TITLE **PD** ☒ DELETE
NAME **KOLLEN, GLENN**
STREET ADDRESS **8130 BAYMEADOWS WAY W 200**
CITY-ST-ZIP **JAX FL 32256**

TITLE **T** ☐ DELETE
NAME **DEFOOR, J**
STREET ADDRESS **2301 HWY 280 S**
CITY-ST-ZIP **BIRMINGHAM AL 35223**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President/Chief Operating Officer** ☐ Change ☒ Addition
1.2 NAME **Peter Ralph Barnett**
1.3 STREET ADDRESS **13601 Preston Road Suite 500 East**
1.4 CITY-ST-ZIP **Dallas, TX 75240**

2.1 TITLE **Vice President, Marketing** ☒ 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 **Director** ☐ Change ☒ Addition
4.2 NAME **James Thomas Helton**
4.3 STREET ADDRESS **2801 Hwy 280 South**
4.4 CITY-ST-ZIP **Birmingham, AL 35223**

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

6.1 TITLE **Assistant Secretary** ☐ Change ☒ Addition
6.2 NAME **Eugene Applegate Deathy**
6.3 STREET ADDRESS **2801 Hwy 280 South**
6.4 CITY-ST-ZIP **Birmingham, AL 35223**

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:

JAMES T. HELTON, III

8/4/99

205-868-3566

CR2E034 (5/99)