

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90313 035 \*\*\*150.00

**DOCUMENT # K08139**

**1. Entity Name**  
**DENTICARE, INC.**

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

**Mailing Address**  
**2801 HWY 280 SOUTH**  
**BIRMINGHAM AL 35223**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**  
**P.O. Box 419052**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Kansas City, MO**

**4. FEI Number**  
**59-1652450**

Applied For  
 Not Applicable

Zip

Country

Zip  
**64141-6052**

Country  
**USA**

**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**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CALOS, CHRIS T</b> <b>2801 HIGHWAT 280 SO.</b> <b>BIRMINGHAM AL 35223</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>STEVENS, DAVID C</b> <b>2801 HWY 280 S</b> <b>BIRMINGHAM AL 35223</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LONG, DEBORAH J</b> <b>2801 HWY 280 S</b> <b>BIRMINGHAM AL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOLDES, TIMOTHY H</b> <b>2801 HWY 280 S</b> <b>BIRMINGHAM AL 35223</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DEFOOR, J</b> <b>2301 HWY 280 S</b> <b>BIRMINGHAM AL 35223</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BEATTY, EUGENE A</b> <b>2801 HWY 280 S</b> <b>BIRMINGHAM AL 35223</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Michael J. Peninger</b> <b>2323 Grand Blvd.</b> <b>Kansas City, MO 64108</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>Bradley C. Johnson</b> <b>2323 Grand Blvd.</b> <b>Kansas City, MO 64108</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>Kenneth D. Bowen</b> <b>2323 Grand Blvd.</b> <b>Kansas City, MO 64108</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T/D</b> <b>Floyd F. Chadee</b> <b>2323 Grand Blvd.</b> <b>Kansas City, MO 64108</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Julie M. Bosworth</b> <b>2323 Grand Blvd.</b> <b>Kansas City, MO 64108</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 607, 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:**

*Kenneth D. Bowen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kenneth D. Bowen** **3/19/02**

**816-474-2357**  
 Daytime Phone #

CR2E034 (9/01)