

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90719 049 \*\*\*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  
**P.O. BOX 419052  
KANSAS CITY MO 64141-6052  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1652450**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

Name  
**Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
City  
**Tallahassee** **FL** Zip Code  
**32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PENINGER, MICHAEL J	
STREET ADDRESS	2323 GRAND BLVD	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, BRADLEY C	
STREET ADDRESS	2323 GRAND BLVD	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOWEN, KENNETH D	
STREET ADDRESS	2323 GRAND BLVD	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CHADEE, FLOYD F	
STREET ADDRESS	2323 GRAND BLVD	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSWORTH, JULIE M	
STREET ADDRESS	2323 GRAND BLVD	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Kenneth D. Bowen* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth D. Bowen

03/10/03

816-474-2357

Date

Daytime Phone #

CR2E034 (10/02)