

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000047

FILED
Jan 05, 2007
Secretary of State

Entity Name: PROJECT: DENTISTS CARE, INC.

Current Principal Place of Business:

1111 E TENNESSEE ST
TALLAHASSEE, FL 323086914 US

New Principal Place of Business:

Current Mailing Address:

1111 E TENNESSEE ST
TALLAHASSEE, FL 323086914 US

New Mailing Address:

FEI Number: 59-3287600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUKER, DANIEL J
1111 E TENNESSEE ST
TALLAHASSEE, FL 323086914 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERLITA, DAVID DR
Address: 1911 N FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 334076114 US

Title: VP () Delete
Name: BELL, HOWARD C DR
Address: 8789 SAN JOSE BLVD STE 107
City-St-Zip: JACKSONVILLE, FL 322174253 US

Title: STD () Delete
Name: PAYNE, ROBERT W DR
Address: 3015 JEFFERSON ST #D
City-St-Zip: MARIANNA, FL 324462300 US

Title: D () Delete
Name: GAY, JOSEPH S DR
Address: 18063 NW 27TH AVE
City-St-Zip: OPA LOCKA, FL 330563506 US

Title: D () Delete
Name: BODNAR, GABOR DR
Address: 4640 N FEDERAL HWY #E
City-St-Zip: FORT LAUDERDALE, FL 333085205 US

Title: MD () Delete
Name: MACDONALD, ROBERT M
Address: 1111 E TENNESSEE ST
City-St-Zip: TALLAHASSEE, FL 323086914 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MACDONALD

MD

01/05/2007

Electronic Signature of Signing Officer or Director

Date