2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9500000047

FILED Feb 16, 2010 Secretary of State

Entity Name: PROJECT: DENTISTS CARE, INC.

Current Principal Place of Business: New Principal Place of Business:

1113 E TENNESSEE ST SUITE 300

TALLAHASSEE, FL 323086914 US

New Mailing Address: Current Mailing Address:

1113 E TENNESSEE ST

1111 E TENNESSEE ST SUITE 300 TALLAHASSEE, FL 323086914 US

TALLAHASSEE, FL 323086914 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

WALTON, JAMES F DR Name: Address: 1280 TIMBERLANE RD City-St-Zip: TALLAHASSEE, FL 32312 US

Title:

Name: D'AUITO, WILLIAM C DR Address: 195 BRIARCLIFF DR #111 City-St-Zip: LONGWOOD, FL 32779 US

Title: VΡ

STEVENS, BARRY H DR Name:

Address: 2365 PARK ST

City-St-Zip: JACKSONVILLE, FL 32204 US

Title:

Name: FRIEDEL, ALAN E DR 2627 NE 203RD ST #112 Address: City-St-Zip: AVENTURA, FL 33180 US

Title:

Name: RUSSELL, DAVID L DR 14 RACETRACK RD NW Address:

City-St-Zip: FT WALTON BEACH, FL 32547 US

Title:

NORMAN, THOMAS Name:

Address: 1113 E TENNESSEE ST, SUITE 300 TALLAHASSEE, FL 323086914 US City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: JACK A. MOORE **CFO** 02/16/2010