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FILED
Feb 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006976 (1)

1. Corporation Name

ESCA-ROSA PROJECT: DENTISTS CARE, INC.



Principal Place of Business

Mailing Address

7220 PINE FOREST ROAD
PENSACOLA FL 32526

7220 PINE FOREST ROAD
PENSACOLA FL 32526

3. Date Incorporated or Qualified
12/16/1997

4. FEI Number

59-3444888

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEEFE, MARIAN K DMD
7220 PINE FOREST ROAD
PENSACOLA FL 32526

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Marian K Keefe DMD
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-14-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS KEEFE, MARIAN K DMD
CITY-ST-ZIP 7220 PINE FOREST ROAD
PENSACOLA FL 32526

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS SHEHEE, G. EDWARD DMD
CITY-ST-ZIP 1007 AIRPORT BLVD
PENSACOLA FL 32504

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME D
STREET ADDRESS GRIFFIN, TOMMY DR
CITY-ST-ZIP 901 N NEW WARRINGTON ROAD
PENSACOLA FL 32508

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D
3.3 STREET ADDRESS CONGIUNDI, PETER DR
3.4 CITY-ST-ZIP 6202 N 9th AVENUE
PENSACOLA, FLORIDA 32504

TITLE ☐ DELETE
NAME D
STREET ADDRESS RIGSBY, RANDALL DR
CITY-ST-ZIP 3969 SPANISH TRAIL
PENSACOLA FL 32504

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS HARGRAVE, JOHN DR
CITY-ST-ZIP 450 TURNER TRAIL, STE A
PENSACOLA FL 32508

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS CAMPBELL, CHARLES DR
CITY-ST-ZIP 111 BEVERLY PARKWAY
PENSACOLA FL 32505

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marian K Keefe DMD

2-14-98

CR2E037 (10/97)