

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90075 023 \*\*\*\*61.25

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**DOCUMENT # N97000006976**

1. Corporation Name

**ESCA-ROSA PROJECT: DENTISTS CARE, INC.**

Principal Place of Business  
7220 PINE FOREST ROAD  
PENSACOLA FL 32526

Mailing Address  
7220 PINE FOREST ROAD  
PENSACOLA FL 32526



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **KEEFE, MARIAN K DMD**  
STREET ADDRESS **7220 PINE FOREST ROAD**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ DELETE

NAME **SHEHEE, G. EDWARD DMD**  
STREET ADDRESS **1007 AIRPORT BLVD**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ DELETE

NAME **CONGIUNDI, PETER D**  
STREET ADDRESS **6202 N 9TH AVE**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ DELETE

NAME **RIGSBY, RANDALL DR**  
STREET ADDRESS **3969 SPANISH TRAIL**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ DELETE

NAME **HARGRAVE, JOHN DR**  
STREET ADDRESS **450 TURNER TRAIL, STE A**  
CITY-ST-ZIP **PENSACOLA FL 32508**

TITLE ☐ DELETE

NAME **CAMPBELL, CHARLES DR**  
STREET ADDRESS **111 BEVERLY PARKWAY**  
CITY-ST-ZIP **PENSACOLA FL 32505**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-12-99**

**(800) 944-0116**

CR2E037 (11/98)