


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000007136 1. Entity Name PROJECT: DENTISTS CARE OF SOUTHWEST FLORIDA, INC.		
Principal Place of Business 2476 EDISON AVE. FORT MYERS, FL 33901	Mailing Address C/O LEE COUNTY DENTAL SOCIETY P. O. BOX 7429 FT. MYERS, FL 33911 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TRUAX, WILLIAM H II 2041 MCGREGOR BLVD. FORT MYERS, FL 33901		DO NOT WRITE IN THIS SPACE
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: _____ (NOTE: Registered Agent signature required when reissuing)		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000584420 01/12/07-80036-019 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNDEE, NICHOLAS J 455 DEL PRADO BLVD. SOUTH CAPE CORAL, FL 33990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUAX, WILLIAM H II 2041 MCGREGOR BLVD. FORT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD KING, BRYANT 6960-30 DANIELS PKWY FORT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANDIK, KENNETH 35 BARKLEY CIR, #1 FORT MYERS, FL 33907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Dr. William H. Truax, II</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>1/9/07</u> <u>239-334-6136</u> Date Daytime Phone #



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0822909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	