

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 A
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**



01142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0822909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000787223
01/17/08-80073-011 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/08 2393346136