

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007136

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: PROJECT: DENTISTS CARE OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

2476 EDISON AVE.  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LEE COUNTY DENTAL SOCIETY  
P. O. BOX 7429  
FT. MYERS, FL 33911 US

**New Mailing Address:**

FEI Number: 65-0822909      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TRUAX, WILLIAM H II  
2041 MCGREGOR BLVD.  
FORT MYERS, FL 33901 US

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

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:**

Title: VD ( ) Delete  
Name: DUNDEE, NICHOLAS J  
Address: 455 DEL PRADO BLVD. SOUTH  
City-St-Zip: CAPE CORAL, FL 33990

Title: PD ( ) Delete  
Name: TRUAX, WILLIAM H II  
Address: 2041 MCGREGOR BLVD.  
City-St-Zip: FORT MYERS, FL 33901

Title: TSD ( ) Delete  
Name: KING, BRYANT  
Address: 6960-30 DANIELS PKWY  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: JANDIK, KENNETH  
Address: 35 BARKLEY CIR, #1  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: DUNDEE, NICHOLAS J DR.  
Address: 455 DEL PRADO BLVD. SOUTH  
City-St-Zip: CAPE CORAL, FL 33990

Title: PD (X) Change ( ) Addition  
Name: TRUAX, WILLIAM H II, DR.  
Address: 2041 MCGREGOR BLVD.  
City-St-Zip: FORT MYERS, FL 33901

Title: TSD (X) Change ( ) Addition  
Name: KING, BRYANT DR.  
Address: 6960-30 DANIELS PKWY  
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change ( ) Addition  
Name: JANDIK, KENNETH DR.  
Address: 35 BARKLEY CIR, #1  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM H. TRUAX, II

P/D

02/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date