

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007136

FILED
Feb 18, 2010
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:

TRUAX, WILLIAM H II
6528 DANIEL CT.
FORT MYERS, FL 33908 US

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:

02/18/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: PD
Name: TRUAX, WILLIAM H II, DR.
Address: 6528 DANIEL CT.
City-St-Zip: FORT MYERS, FL 33908

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

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

I hereby 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 all other like empowered.

SIGNATURE: DR. WILLIAM H. TRUAX, II

PD

02/18/2010

Electronic Signature of Signing Officer or Director

Date