FILE NOW: FILING FEE IS $61.25

FILED
May 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000007226

1. Corporation Name
PROJECT: DENTISTS CARE of PALM BEACH COUNTY, INC.

Principal Place of Business
~~ATLANTIC COAST DISTRICT Dental ASSOCIATION~~ Office

Mailing Address
~~5700 LAKE WORTH Rd. SUITE 206~~ LAKE WORTH, FL. 33463

3. Date Incorporated or Qualified: 12/31/97

4. FEI Number: 65-0830854 ☑ Applied For ☐ Not Applicable

2. Principal Place of Business
21 5700 LAKE WORTH Rd
22 Suite, Apt. #, etc. Suite 206
23 City & State: LAKE WORTH
24 Zip: FL 25 Country: 33463

2a. Mailing Address
26 715 NE 3rd Ave
27 Suite, Apt. #, etc.
28 City & State: Delray Beach, FL
29 Zip: 33444-3822 30 Country: U.S.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANKLIN M. BOYAR
715 NORTHEAST THIRD AVE.
DEL-RAY BEACH, FL 33444-3822

10. Name and Address of New Registered Agent

81 Name: Same as 9
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: Franklin M. Boyar FRANKLIN M. BOYAR, PRESIDENT 4/28/98
Signature, typed or printed name of person signing and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE

12 OFFICERS AND DIRECTORS			13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FRANKLIN M BOYAR		1.2 NAME	NEW CORPORATION
STREET ADDRESS	715 NORTHEAST THIRD AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33444-3822		1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SAMUEL J. McNEILL		2.2 NAME	all officers &
STREET ADDRESS	3400 FOREST HILL BLVD Suite A		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		2.4 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHERRIE CROSSEN		3.2 NAME	directors listed
STREET ADDRESS	2566 Ave Au Soleil		3.3 STREET ADDRESS	
CITY-ST-ZIP	GULFSTREAM FL. 33483		3.4 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVID FERLITA		4.2 NAME	#12
STREET ADDRESS	11923 LAKESHORE PL.		4.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH, FL 33408		4.4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS FLOYD		5.2 NAME	300002542273
STREET ADDRESS	400 EXECUTIVE CTR DR #105		5.3 STREET ADDRESS	-06/01/98--01057--023
CITY-ST-ZIP	W. PALM BEACH, FL 33401-2920		5.4 CITY-ST-ZIP	***61.25
TITLE	DIRECTOR	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Phil CRAWFORD		6.2 NAME	S-29
STREET ADDRESS	4824 BRANDYWINE DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487-2108		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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.

SIGNATURE: Franklin M. Boyar FRANKLIN M. BOYAR 4/28/98 561 276 2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #