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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000007226

1. Corporation Name
PROJECT; DENTISTS CARE OF PALM BEACH COUNTY, INC

Principal Place of Business	Mailing Address
5700 LAKE WORTH ROAD SUITE 206 LAKE WORTH FL 33463	715 NE 3RD AVE. DELRAY BCH. FL 33444-3822

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/31/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0830854 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BOYAR, FRANKLIN M
715 NE THIRD AVENUE
DELRAY BEACH FL 33444-3822

10. Name and Address of New Registered Agent

81 Name
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	BOYAR, FRANKLIN M		1.2 NAME	FRED A. ALFELE	
STREET ADDRESS	715 NE THIRD AVE		1.3 STREET ADDRESS	4765 SOUTH CONGRESS AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33444-3822		1.4 CITY-ST-ZIP	LAKE WORTH, FL. 33461	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCNEILL, SAMUEL J		2.2 NAME		
STREET ADDRESS	3400 FOREST HILL BLVD. STE. A		2.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH. FL 33406		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FERLITA, DAVID J		3.2 NAME		
STREET ADDRESS	11823 LAKE SHROE PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CROSSEN, SHERRIE		4.2 NAME		
STREET ADDRESS	2566 AVE. AU SOLEIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	GULFSTREAM FL 33483		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, PHILLIP C		5.2 NAME		
STREET ADDRESS	4824 BRANDYWINE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487-2108		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FLOYD, THOMAS P		6.2 NAME		
STREET ADDRESS	400 EXECUTIVE CENTER DR #105		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401-2920		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: David Signature **REQUIRED** DAVID J. FERLITA 1-27-99 (561) 655-1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #