

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000007226

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



Principal Place of Business
**8645 W. BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33437**

Mailing Address
**715 NE 3RD AVE.
DELRAY BCH., FL 33444-3822**



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0830854

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 re-registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYAR, FRANKLIN M 715 NE THIRD AVE DELRAY BEACH, FL 334443822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCNEILL, SAMUEL J 3400 FOREST HILL BLVD. STE. A W. PALM BCH., FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERLITA, DAVID J 11823 LAKE SHROE PL NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROSSEN, SHERRIE 2566 AVE. AU SOLEIL GULFSTREAM, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, PHILLIP C 4824 BRANDYWINE DRIVE BOCA RATON, FL 334872108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, THOMAS P 400 EXECUTIVE CENTER DR #105 WEST PALM BEACH, FL 334012920

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01/14/05-80047-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: *David Ferlita* **DAVID FERLITA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-05

Date

561-655-1104

Daytime Phone #