2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000007226

1. Entity Name

PROJECT; DENTISTS CARE OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
8645 W. BOYNTON BEACH BLVD BOYNTON BEACH FL 33437	715 NE 3RD AVE. DELRAY BCH. FL 33444-3822

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/05)

4. FEI Number 65-0830854 Applied For / Not Applic.

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOYAR, FRANKLIN M 715 NE THIRD AVENUE DELRAY BEACH FL 33444-3822	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 acc the obligations of registered agent

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Ad
NAME	BOYAR, FRANKLIN M		NAME	
STREET ADDRESS	715 NE THIRD AVE		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444-3822		CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Ad
NAME	MCNEILL, SAMUEL J		NAME	U00000432043
STREET ADDRESS	3400 FOREST HILL BLVD. STE. A		STREET ADDRESS	02/23/06-80052-021 61.25
CITY-ST-ZIP	W. PALM BCH, FL 33406		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Ad
NAME	FERLITA, DAVID J		NAME	
STREET ADDRESS	11823 LAKE SHROE PL		STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Ad
NAME	CROSSEN, SHERRIE		NAME	
STREET ADDRESS	2566 AVE. AU SOLEIL		STREET ADDRESS	
CITY-ST-ZIP	GULFSTREAM FL 33483		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Ad
NAME	CRAWFORD, PHILLIP C		NAME	
STREET ADDRESS	4824 BRANDYWINE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487-2108		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Ad
NAME	FLOYD, THOMAS P		NAME	
STREET ADDRESS	400 EXECUTIVE CENTER DR #105		STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401-2920		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informat 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 dire 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Ferlita 2-7-06 TITLE: CEO/CFO