

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007226

FILED
Jul 24, 2007
Secretary of State

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

Current Principal Place of Business:

8645 W. BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

715 NE 3RD AVE.
DELRAY BCH., FL 334443822

New Mailing Address:

FEI Number: 65-0830854 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOYAR, FRANKLIN M
715 NE THIRD AVENUE
DELRAY BEACH, FL 334443822 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOYAR, FRANKLIN M
Address: 715 NE THIRD AVE
City-St-Zip: DELRAY BEACH, FL 334443822

Title: V () Delete
Name: MCNEILL, SAMUEL J
Address: 3400 FOREST HILL BLVD. STE. A
City-St-Zip: W. PALM BCH., FL 33406

Title: T () Delete
Name: FERLITA, DAVID J
Address: 11823 LAKE SHROE PL
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S () Delete
Name: CROSSEN, SHERRIE
Address: 2566 AVE. AU SOLEIL
City-St-Zip: GULFSTREAM, FL 33483

Title: D () Delete
Name: CRAWFORD, PHILLIP C
Address: 4824 BRANDYWINE DRIVE
City-St-Zip: BOCA RATON, FL 334872108

Title: D () Delete
Name: FLOYD, THOMAS P
Address: 400 EXECUTIVE CENTER DR #105
City-St-Zip: WEST PALM BEACH, FL 334012920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANKLIN BOYAR, DMD, PRESIDENT

PRES

07/24/2007

Electronic Signature of Signing Officer or Director

Date