

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90043 003 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0830854**

Applied For

Not Applicable

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 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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	BOYAR, FRANKLIN M	715 NE THIRD AVE	DELRAY BEACH FL 33444-3822				
V	MCNEILL, SAMUEL J	3400 FOREST HILL BLVD. STE. A	W. PALM BCH. FL 33406				
T	FERLITA, DAVID J	11823 LAKE SHROE PL	NORTH PALM BEACH FL 33408				
S	CROSSEN, SHERRIE	2566 AVE. AU SOLEIL	GULFSTREAM FL 33483				
D	CRAWFORD, PHILLIP C	4824 BRANDYWINE DRIVE	BOCA RATON FL 33487-2108				
D	FLOYD, THOMAS P	400 EXECUTIVE CENTER DR #105	WEST PALM BEACH FL 33401-2920				

CR2E037 (10/02)

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 J. FERLITA 1-8-03 561-655-1104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR