

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P34855

(7)

1. Corporation Name

DENTURECARE, INC.



Principal Place of Business

3109 POPLARWOOD CT
STE - 300
RALEIGH NC 27604-1025
US

Mailing Address

3109 POPLARWOOD CT STE 300
RALEIGH NC 27604-1025
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
STE - 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

07/30/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

56-1692419

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and the legal name)

(NOTE: Registered Agent signature is preferred when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JERNIGAN, EDWARD W., JR.
STREET ADDRESS 3109 POPLARWOOD COURT, #300
CITY-ST-ZIP RALEIGH NC

TITLE SD ☐ DELETE

NAME MILLER, NORVELL E., IV
STREET ADDRESS 3109 POPLARWOOD COURT #300
CITY-ST-ZIP RALEIGH NC

TITLE V ☐ DELETE

NAME CATALANO, JOHN
STREET ADDRESS 3109 POPLARWOOD COURT #300
CITY-ST-ZIP RALEIGH NC

TITLE V ☐ DELETE

NAME SANDLIN, JOHN M.
STREET ADDRESS 3109 POPLARWOOD COURT #300
CITY-ST-ZIP RALEIGH NC

TITLE V ☐ DELETE

NAME SCOTT, RICHARD
STREET ADDRESS 3109 POPLARWOOD CT, STE 300
CITY-ST-ZIP RALEIGH NC

TITLE V ☐ DELETE

NAME BROWN, DOUG
STREET ADDRESS 3109 POPLARWOOD CT, STE 300
CITY-ST-ZIP RALEIGH NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-96

(919) 876-2800

CR2E034 (12/95)