

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P32333

**FILED**  
**Mar 07, 2014**  
**Secretary of State**  
**CC9452040801**

**Entity Name:** THE DENTAL CONCERN, INC.

**Current Principal Place of Business:**

500 WEST MAIN STREET  
LOUISVILLE, KY 40202

**Current Mailing Address:**

P.O. BOX 740026  
LOUISVILLE, KY 40201-7426

**FEI Number:** 52-1157181

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title VP  
Name BAUERNFEIND, GEORGE G  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title S  
Name LENAHAN, JOAN O  
Address 500 W. MAIN  
City-State-Zip: LOUISVILLE KY 40202

Title D  
Name MURRAY, JAMES E  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title P  
Name GANONI, GERALD L  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title INTERIM CFO  
Name MCCULLEY, STEVEN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title D  
Name BROUSSARD, BRUCE  
Address 500 WEST MAIN ST  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR  
Name BEVERIDGE, ROY  
Address 500 W MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR  
Name LISTON, THOMAS  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

**Continues on page 2**

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GEORGE BAUERNFEIND**

**VICE PRESIDENT**

**03/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BIERBOWER, ELIZABETH  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202