

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32333

Entity Name: THE DENTAL CONCERN, INC.

Current Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

500 WEST MAIN STREET
LOUISVILLE, KY 40202 US

FEI Number: 52-1157181

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name BROUSSARD, BRUCE DALE
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name RUSCHELL, JOSEPH MATTHEW
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name FELTER, JOHN-PAUL WILLIAM
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name RENAUDIN, GEORGE II
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name O'REILLY, SEAN JOSEPH
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, TAX
Name FELD, DANIEL KEVIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT
Name TILTON, MICHAEL POUL
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name WILSON, RALPH MARTIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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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: DANIEL KEVIN FELD

DIRECTOR, TAX

04/29/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, TREASURER
Name MARCOUX, ROBERT MARTIN JR.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, EMPLOYER GROUP REGIONAL PRESIDENT
Name GASKILL, JEREMY LEON
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, INVESTMENTS
Name PRESTON, WILLIAM MARK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, ASSOCIATE GENERAL COUNSEL
AND CORPORATE SECRETARY
Name RUSCHELL, JOSEPH MATTHEW
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, GROUP BUSINESS OPERATIONS
Name HUTCHINSON, LEANN MOREN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, MEDICARE SUPPLEMENT
Name ROTH, FREDERICK WILLIAM
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202