

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 14 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32333 (7)

1. Corporation Name
THE DENTAL CONCERN, INC.



Principal Place of Business P.O. BOX 740026 ATTN: TAX DEPT LOUISVILLE KY 40201-7426	Mailing Address P.O. BOX 740026 ATTN: TAX DEPT LOUISVILLE KY 40201-7426
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	26 Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/31/1990	
4. FEI Number 52-1157181	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOLF, GREGORY	
STREET ADDRESS	800 WEST MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAUERNFEIND, GEORGE G.	
STREET ADDRESS	800 WEST MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KROGER, JOAN O.	
STREET ADDRESS	800 WEST MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MURRAY, JAMES E.	
STREET ADDRESS	800 WEST MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	MCALLISTER, MICHAEL B	
STREET ADDRESS	800 WEST MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	COUGHLIN, KAREN A.	
STREET ADDRESS	800 WEST MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S LENAHAN, JOAN O.
3.3 STREET ADDRESS	500 W MAIN
3.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address.

CR2E034 (10/97)