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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32333

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/31/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

52-1157181

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

THE REGISTERED AGENT HAS BEEN CHANGED TO:
CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

81 Name

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

84 City

FL

85 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WOLF, GREGORY
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME BAUERNFEIND, GEORGE G.
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40202

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME LENAHAN, JOAN O.
STREET ADDRESS 500 W. MAIN
CITY-ST-ZIP LOUISVILLE KY 40201

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP
NAME MURRAY, JAMES E.
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SVPD
NAME MCALLISTER, MICHAEL B
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SVPD
NAME COUGHLIN, KAREN A.
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40202

6.1 TITLE Change Addition
6.2 NAME VP, T
DOUCETTE, JAMES
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, with all other like empowered.

SIGNATURE: *George Bauernfeind* VP-TAX 4-29-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)