

2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 3
FILED

0647717

DOCUMENT # P32333

1. Entity Name
THE DENTAL CONCERN, INC.

00 MAR 23 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 500 WEST MAIN STREET LOUISVILLE KY 40202	Mailing Address 500 WEST MAIN STREET LOUISVILLE KY 40202-2946
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number **52-1157181** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLF, GREGORY 500 WEST MAIN STREET LOUISVILLE KY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAUERNFEIND, GEORGE G. 500 WEST MAIN STREET LOUISVILLE KY 40202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LENAHAN, JOAN O. 500 W. MAIN LOUISVILLE KY 40201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURRAY, JAMES E. 500 WEST MAIN STREET LOUISVILLE KY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD MCALLISTER, MICHAEL B 500 WEST MAIN STREET LOUISVILLE KY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DOUCETTE, JAMES 500 WEST MAIN STREET LOUISVILLE KY 40202 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Please See Attached:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003188521-2 -03/29/00--01055--013 ***150.00 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sheri E. Mitchell Sr.* **Sheri E. Mitchell Sr. Vice President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Chief Compliance Officer**

KE

Daytime Phone # _____

CR2:034 19/99

Directors/Officers Report**The Dental Concern, Inc.****DIRECTORS**

Kenneth J. Fasola Primary Address:	Director 500 W. Main St. Louisville, KY 40202
Michael B. McCallister Primary Address:	Director 500 West Main Street Louisville, KY 40202
James E. Murray Primary Address:	Director 500 W. Main St. Louisville, KY 40202
Walter E. Neely Primary Address:	Director 500 West Main Street Louisville, KY 40202
Vacancy Primary Address:	Director None given

OFFICERS

Michael B. McCallister Primary Address:	President and Chief Executive Officer 500 West Main Street Louisville, KY 40202
James E. Murray Primary Address:	Chief Financial Officer 500 W. Main St. Louisville, KY 40202
Douglas R. Carlisle Primary Address:	Senior Vice President 500 W. Main Street Louisville, KY 40202
Kenneth J. Fasola Primary Address:	Senior Vice President 500 W. Main St. Louisville, KY 40202
Sharon E. Mitchell Primary Address:	Senior Vice President 500 West Main Street Louisville, KY 40202
Barry W. Averill Primary Address:	Vice President 30 South Wacker Drive Suite 3100 Chicago, IL 60606
George G. Bauernfeind Primary Address:	Vice President 500 W. Main St. Louisville, KY 40202