


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 582512
 1. Entity Name
COMPBENEFITS DENTAL AND VISION COMPANY



Principal Place of Business 100 MANSELL CT E., STE 400 ROSWELL, GA 30076 US	Mailing Address 100 MANSELL CT E., STE 400 ROSWELL, GA 30076 US
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02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1843760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD KLOCK, DAVID R 100 MANSELL CT E, STE 400 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROTHROCK, KIRK E 100 MANSELL CT E, STE 400 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MITCHELL, BRUCE A 100 MANSELL CT E, STE 400 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOLAN, JOSEPH 100 MANSELL CT E, ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAFKER, ROGER 100 MANSEL CT E. STE 400 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, DAVID F JR 100 MANSEL CT E. STE 400 ROSWELL, GA 30076

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 02/22/06-80013-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Bruce A. Mitchell, Secretary** 02/01/06 770.998.8936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #