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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:09

DOCUMENT # **H11958 (6)**
1. Corporation Name:
AMERICAN DENTAL PLAN, INC.

Principal Place of Business: **726 N.W. 8TH AVE. GAINESVILLE FL 32601 US**
Mailing Address: **726 8TH AVE. GAINESVILLE FL 32601 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/12/1984**
3a. Date of Last Report: **03/02/1994**
4. FEI Number: **59-2531815**
Applied For: Not Applicable:

2. Principal Place of Business: **21** 2a. Mailing Address: **26 8800 Roswell Road**
22. Suite, Apt. #, etc.: **27 Suite 295**
23. City & State: **28 Atlanta, GA**
24. Zip: **25 30350** Country: **30 U.S.**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**WILEY, BRYANT J.
726 NW 8TH AVENUE
GAINESVILLE FL 32601**
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83.
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	BRYANT, J. WILEY 726 NW 8TH AVE GAINESVILLE FL	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S	KLOCK, PHYLLIS A. 8800 ROSWELL RD., #295 ATLANTA GA	2.1 TITLE: S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	REX, VINCENT V 3415 NW 27TH TERRACE GAINESVILLE FL	3.1 TITLE: D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Sharon S. Graham 8800 Roswell Road, Suite 295 Atlanta, GA 30350
TITLE: D	CRUISE, DAVID 726 N.W. 8TH AVE. GAINESVILLE FL	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DELETE
TITLE: DCT	KLOCK, DAVID R 8800 ROSWELL RD., SUITE 295 ATLANTA GA	5.1 TITLE: D/C/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	THORSEN, MARTIN P. 8800 ROSWELL RD., SUITE 295 ATLANTA GA	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4)(b), 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 on Block 12 or 13 of this filing changed, or on an attachment with an address.

SIGNATURE: *Phyllis Klock* March 16, 1995 404-998-8936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Issues #