

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 12 1996 8:00 am
Secretary of State

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: 8800 ROSWELL RD STE 295 ATLANTA GA 30350 US

3. Date Incorporated or Qualified: 07/12/1984
3a. Date of Last Report: 03/31/1995
4. FEI Number: 59-2531815
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUISE, DAVID
726 NW 8TH AVENUE
GAINESVILLE FL 32601

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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 block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE: SD	<input type="checkbox"/> DELETE
NAME: KLOCK, PHYLLIS A.	
STREET ADDRESS: 8800 ROSWELL RD., #295	
CITY-ST-ZIP: ATLANTA GA	
TITLE: D	<input type="checkbox"/> DELETE
NAME: REX, VINCENT V	
STREET ADDRESS: 3415 NW 27TH TERRACE	
CITY-ST-ZIP: GAINESVILLE FL	
TITLE: DT	<input type="checkbox"/> DELETE
NAME: GRAHAM, SHARON S.	
STREET ADDRESS: 8800 ROSWELL RD STE 295	
CITY-ST-ZIP: ATLANTA GA	
TITLE: DCP	<input type="checkbox"/> DELETE
NAME: KLOCK, DAVID R	
STREET ADDRESS: 8800 ROSWELL RD., SUITE 295	
CITY-ST-ZIP: ATLANTA GA	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: THORSEN, MARTIN P.	
STREET ADDRESS: 8800 ROSWELL RD., SUITE 295	
CITY-ST-ZIP: ATLANTA GA	
TITLE:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Mitchell, Bruce	
1.3 STREET ADDRESS: 8800 Roswell Rd., Suite 295	
1.4 CITY-ST-ZIP: Atlanta, GA 30350	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Phyllis A. Klock* Phyllis A. Klock February 21, 1996 (800)633-1262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)