

H 11958

1994 Annual Report

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1994**



**FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS**

1. Corporation Name
AMERICAN DENTAL PLAN INC.

DOCUMENT #
H11958 (6)

Mailing Address
**726 N.W. 8TH AVENUE-SUITE 7F
P.O. BOX 9949
GAINESVILLE FL 32601-2949**

Principal Place of Business
**726 N.W. 8TH AVENUE-SUITE 7F
P.O. BOX 9949
GAINESVILLE FL 32601-2949**

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified
07/12/1984

3a. Date of Last Report
03/23/1993

4. FEI Number
59-2531815

5. Certificate of Status Desired
501(c)(3)

6. Election Campaign Financing Trust Fund Contribution

7. Nonprofit Exempt from \$138.75 Supplemental Fee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
 Yes No

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21. State, Apt. #, etc.
22. City & State
23. Zip
24. **32601**

2a. Principal Place of Business
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. **32601**

25. **Alachua**
30. **Alachua**

9. Name and Address of Current Registered Agent
**KLOCK, PHYLLIS A.
726 NW 8TH AVENUE
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent
81. Name
Bryant, J. Wiley
82. Street Address (P.O. Box Number is Not Acceptable)
726 NW 8th Avenue
83. City
Gainesville, FL
84. Zip Code
32601

11. Pursuant to the provisions of Sections 607.0502 and 607.1506 or Sections 617.0502 and 617.1506, 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 of registered office and agent, and accept the obligations of Section 607.0505 or 617.0503, Florida Statutes.
SIGNATURE: *[Signature]* DATE: **2/22/94**

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	P/D	11 NAME	BRYANT, J. WILEY	11 TITLE		11 NAME	
12 STREET ADDRESS	726 NW 8TH AVE	12 STREET ADDRESS	GAINESVILLE FL	12 STREET ADDRESS		12 STREET ADDRESS	
13 CITY ST. ZIP		13 CITY ST. ZIP	GAINESVILLE FL	13 CITY ST. ZIP		13 CITY ST. ZIP	Gainesville, FL 32601
21 TITLE	S	21 NAME	KLOCK, PHYLLIS A.	21 TITLE		21 NAME	
22 STREET ADDRESS	8800 ROSWELL RD., #295	22 STREET ADDRESS	ATLANTA GA	22 STREET ADDRESS		22 STREET ADDRESS	Atlanta, GA 30350
23 CITY ST. ZIP		23 CITY ST. ZIP		23 CITY ST. ZIP		23 CITY ST. ZIP	
31 TITLE	D	31 NAME	REX, VINCENT V	31 TITLE		31 NAME	
32 STREET ADDRESS	3415 NW 27TH TERRACE	32 STREET ADDRESS	GAINESVILLE FL	32 STREET ADDRESS		32 STREET ADDRESS	Gainesville, FL 32605
33 CITY ST. ZIP		33 CITY ST. ZIP		33 CITY ST. ZIP		33 CITY ST. ZIP	
41 TITLE	D	41 NAME	HARRELL, WILLIAM	41 TITLE		41 NAME	
42 STREET ADDRESS	1825 S RIVERVIEW DR	42 STREET ADDRESS	MELBOURNE FL	42 STREET ADDRESS		42 STREET ADDRESS	726 NW 8th Ave
43 CITY ST. ZIP		43 CITY ST. ZIP		43 CITY ST. ZIP		43 CITY ST. ZIP	Gainesville, FL 32601
51 TITLE	D/C/T	51 NAME	KLOCK, DAVID R.	51 TITLE		51 NAME	
52 STREET ADDRESS	8800 ROSWELL RD., SUITE 295	52 STREET ADDRESS	ATLANTA, GA 30350	52 STREET ADDRESS		52 STREET ADDRESS	8800 Roswell Rd., Suite 295
53 CITY ST. ZIP		53 CITY ST. ZIP		53 CITY ST. ZIP		53 CITY ST. ZIP	Atlanta, GA 30350
61 TITLE	D	61 NAME	THORSEN, MARTIN P.	61 TITLE		61 NAME	
62 STREET ADDRESS	8800 ROSWELL RD., SUITE 295	62 STREET ADDRESS	ATLANTA, GA 30350	62 STREET ADDRESS		62 STREET ADDRESS	8800 Roswell Rd., Suite 295
63 CITY ST. ZIP		63 CITY ST. ZIP		63 CITY ST. ZIP		63 CITY ST. ZIP	Atlanta, GA 30350

14. I (we) 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)(d), Florida Statutes. I (we) release the Secretary of State from any liability of non-compliance with Section 119.07(3)(d) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, and 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Phyllis Klock* Phyllis Klock **2/22/94** (604) 998-8936