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**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90001 037 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # H11958**

1. Corporation Name  
**AMERICAN DENTAL PLAN, INC.**

Principal Place of Business

2772 NW 43 ST  
 STE C  
 GAINESVILLE FL 32606  
 US

Mailing Address

100 MANSELL CT EAST  
 STE 400  
 ROSWELL GA 30076  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1984 08/17/78

4. FEI Number

59-2531815

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORP SYSTEM  
 1200 S PINE ISLE RD  
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME KLOCK, PHYLLIS A.  
 STREET ADDRESS 100 MANSELL CT EAST, STE 400  
 CITY-ST-ZIP ROSWELL GA

TITLE CCEO  DELETE  
 NAME KLOCK, DAVID R.  
 STREET ADDRESS 100 MANSELL CT. EAST, STE. 400  
 CITY-ST-ZIP ROSWELL GA 30076

TITLE SD  DELETE  
 NAME MITCHELL, BRUCE A  
 STREET ADDRESS 100 MANSELL CT EAST, STE 400  
 CITY-ST-ZIP ROSWELL GA 30076

TITLE TD  DELETE  
 NAME YODER, KEITH J.  
 STREET ADDRESS 100 MANSWELL CT E, STE 400  
 CITY-ST-ZIP ROSWELL GA 30076

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Bruce Mitchell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 1999

Date

(770) 998-8936

Daytime Phone #

CR2E034 (11/98)