

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H11958

FILED
Jan 22, 2003
Secretary of State

Entity Name: AMERICAN DENTAL PLAN, INC.

Current Principal Place of Business:

2772 NW 43 ST
STE C
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

100 MANSELL CT EAST
STE 400
ROSWELL, GA 30076 US

New Mailing Address:

FEI Number: 59-2531815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORP SYSTEM
1200 S PINE ISLE RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KLOCK, PHYLLIS A
Address: 100 MANSELL CT EAST, STE 400
City-St-Zip: ROSWELL, GA 30076

Title: CCEO () Delete
Name: KLOCK, DAVID R
Address: 100 MANSELL CT. EAST, STE. 400
City-St-Zip: ROSWELL, GA 30076

Title: SD () Delete
Name: MITCHELL, BRUCE A
Address: 100 MANSELL CT EAST, STE 400
City-St-Zip: ROSWELL, GA 30076

Title: TD (X) Delete
Name: YODER, KEITH J
Address: 100 MANSELL COURT EAST, SUITE 400
City-St-Zip: ROSWELL, GA 30076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE MITCHELL

S

01/22/2003

Electronic Signature of Signing Officer or Director

_____ Date