



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000063647</b> 1. Entity Name <b>DENTALPLANS.COM, INC.</b>	
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Principal Place of Business <b>29 S. FEDERAL HWY DANIA, FL 33004</b>	Mailing Address <b>29 S. FEDERAL HWY DANIA, FL 33004</b>
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**DO NOT WRITE IN THIS SPACE**



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1134463</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY, SUITE 300  
TAMPA, FL 33637**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MICHAELIDES, GEORGE 5106 PRATT AVENUE SKOKIE, IL 60077
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BABYAK, JOSH 3328 OLD OAK LANE HWD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CTO PRICE, PAUL 6101 PALM TRACE LENDING DR.#313 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/13/05-80011-014 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4/1/2005 954 923 1458 x116**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #