

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000063647

1. Entity Name
DENTALPLANS.COM, INC.



Principal Place of Business

29 S. FEDERAL HWY
DANIA, FL 33004

Mailing Address

29 S. FEDERAL HWY
DANIA, FL 33004



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1134463

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399

**DO NOT WRITE
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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MICHAELIDES, GEORGE
STREET ADDRESS	5106 PRATT AVENUE
CITY-ST-ZIP	SKOKIE, IL 60077
TITLE	CEO
NAME	BABYAK, JOSH
STREET ADDRESS	3328 OLD OAK LANE
CITY-ST-ZIP	HWD, FL 33021
TITLE	CTO
NAME	PRICE, PAUL
STREET ADDRESS	6101 PALM TRACE LENDING DR.#313
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	CFO
NAME	JOHNSON, ALFRED G
STREET ADDRESS	13276 NW 16TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/07-80032-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-07 (954) 923-1487

Date

Daytime Phone #