FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 24 PM 4:45

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/10/2003-90116-025-$150.00-$150.00

DOCUMENT # P00000063647

1. Entity Name
DENTALPLANS.COM, INC.

Principal Place of Business	Mailing Address
4800-01 STIRLING RD SUITE 202 DAVIE FL 33314-7917	4800-01 STIRLING RD SUITE 202 DAVIE FL 33314-7917

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1134469 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA INCORPORATORS, INC. 6875 HIDDEN RIVER PKWY, SUITE 300 TAMPA FL 33637	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $550.00
After September 15, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MICHAELIDES, GEORGE 6108 PRATT AVENUE SKOKIE IL 60077	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO BABAL, JOSH 3401 N COUNTY CL DRIVE # 406 AVENTURA FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO BABIAK/Josh 3378 Old OAK LANE DWFL, FL 33021	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTO PRICE, PAUL 17740 SW 63RD MANOR FORT LAUDERDALE FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTO Price, Paul 6101 Palm Tree Leading Dr. #313 Davie, Fla. 33314	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E013 (4/03)

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: SIGNATURE REQUIRED
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE) Date Daytime Phone #