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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040487 (7)

1. Corporation Name

DENTAL PLANS SALES & SERVICES, INC.



Principal Place of Business

Mailing Address

108 SOUTHBRIDGE WAY
PONTE VEDRA BCH FL 32082
US

108 SOUTHBRIDGE WAY
PONTE VEDRA BCH FL 32082-3967
US

3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

06/21/1996

4. FEI Number

59-3366503

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCKLEY, PATRICIA L
108 SOUTHBRIDGE WAY
PONTE VEDRA BEACH FL 32082

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 of the principal or registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
BUCKLEY, PATRICIA L
108 SOUTHBRIDGE WAY
PONTE VEDRA BEACH FL

1.1 TITLE ☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY- ST- ZIP

1.4 CITY- ST- ZIP

TITLE ☐ DELETE

NAME

2.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

2.2 NAME

CITY- ST- ZIP

2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

2.4 CITY- ST- ZIP

STREET ADDRESS

3.1 TITLE ☐ Change ☐ Addition

CITY- ST- ZIP

3.2 NAME

TITLE ☐ DELETE

NAME

3.3 STREET ADDRESS

STREET ADDRESS

3.4 CITY- ST- ZIP

CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

4.4 CITY- ST- ZIP

TITLE ☐ DELETE

NAME

5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

5.2 NAME

CITY- ST- ZIP

5.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

5.4 CITY- ST- ZIP

STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition

CITY- ST- ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

Patricia L. Buckley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/97

(904) 280-7461

Date

Daytime Phone

CR2E034 (9/96)