

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000063647

Entity Name: DENTALPLANS.COM, INC.**Current Principal Place of Business:**8100 SW 10TH STREET
SUITE 2000
PLANTATION, FL 33324**Current Mailing Address:**8100 SW 10TH STREET
SUITE 2000
PLANTATION, FL 33324**FEI Number:** 65-1134463**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title	DIRECTOR
Name	JOHNSON, ALFRED G
Address	13276 NW 16TH STREET
City-State-Zip:	PEMBROKE PINES FL 33028

Title	PRES
Name	STOLL, JENNIFER
Address	8100 SW 10TH STREET
City-State-Zip:	PLANTATION FL 33324

Title	DIRECTOR
Name	BIFULCO, FRANK JR.
Address	165 COMMONWEALTH AVENUE UNIT C
City-State-Zip:	BOSTON MA 02116

Title	SECRETARY, VP
Name	BURNS, STEVEN
Address	455 MARKET STREET SUITE 1520
City-State-Zip:	SAN FRANCISCO CA 94105

Title	DIRECTOR
Name	HERMAN, JOAN
Address	17530 STRETTO WAY
City-State-Zip:	PACIFIC PALISADES CA 90272

Title	VP, CHAIRMAN
Name	NEWHALL, KRISTIN
Address	45 ROCKEFELLER CENTER 630 FIFTH AVENUE SUITE 2400
City-State-Zip:	NEW YORK CITY NY 10111

Title	DIRECTOR
Name	MURRAY, JOHN JR.
Address	220 BUSH STREET SUITE 941
City-State-Zip:	SAN FRANCISCO CA 94104

Title	DIRECTOR
Name	STUBITZ, STEVEN
Address	227 CARRIAGE TRAIL
City-State-Zip:	BARRINGTON IL 60010

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I hereby 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 all other like empowered.

SIGNATURE: ROBERT SOLARANA**CFO****04/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	CFO, TREASURER
Name	SOLARANA, ROBERT
Address	1232 TERRYSTONE COURT
City-State-Zip:	WESTON FL 33326