

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003794

FILED
Jan 15, 2020
Secretary of State
8922557374CC

Entity Name: DELTA DENTAL OF MISSOURI, INC.

Current Principal Place of Business:

12399 GRAVOIS RD
ST LOUIS, MO 63127

Current Mailing Address:

12399 GRAVOIS RD
ST LOUIS, MO 63127

FEI Number: 43-0908349

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, FIRST VICE CHAIR
Name ZUST, MARK R
Address 12399 GRAVOIS ROAD
City-State-Zip: ST. LOUIS MO 63127

Title DIRECTOR, BOARD CHAIRMAN
Name RHEA, JAMES W
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

Title CEO, PRESIDENT, DIRECTOR
Name GOREN, EYTAN BOAZ ROB
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

Title SECRETARY, DIRECTOR
Name BISHOP, ROSEMARY A
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

Title TREASURER, DIRECTOR
Name BENDER, WILLIAM J
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

Title DIRECTOR
Name MANCIN, MARK S
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

Title DIRECTOR
Name TAYLOR, TIMOTHY S
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

Title DIRECTOR, SECOND VICE CHAIR
Name EDWARDS, WILLIAM M
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

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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: EYTAN BOAZ ROB GOREN

PRESIDENT

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT TREASURER, ASSISTANT
SECRETARY, CFO
Name BENTRUP, BARBARA CHRISTINE
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

Title DIRECTOR
Name CUSTARDO, JOHNNY
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

Title OTHER
Name INGE, RONALD
Address 12399 GRAVOIS RD
City-State-Zip: ST. LOUIS MO 63127

Title DIRECTOR
Name WILLIAMS, GARY R
Address 12399 GRAVOIS RD
City-State-Zip: ST. LOUIS MO 63127

Title DIRECTOR
Name ADEFALA, OLADIPUPO A
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

Title DIRECTOR
Name HARRIS, STEVEN
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

Title DIRECTOR
Name TUCKER, KATE
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

Title CHIEF INFORMATION OFFICER
Name MUDRA, KARL
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

Title OTHER
Name JENNINGS, JONATHAN
Address 12399 GRAVOIS RD
City-State-Zip: ST. LOUIS MO 63127

Title DIRECTOR
Name PATTERSON, DEBORAH J
Address 12399 GRAVOIS RD
City-State-Zip: ST. LOUIS MO 63127

Title OTHER
Name PATTAROZZI, EDWARD A
Address 12399 GRAVOIS RD
City-State-Zip: ST. LOUIS MO 63127

Title DIRECTOR
Name GRAY, WILLIAM A
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

Title DIRECTOR
Name LANDGRAF, JOHN
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127