

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003794

FILED
Jan 25, 2016
Secretary of State
CC7986663110

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
Name BERGLUND, BRIAN W. JR.
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

Title DIRECTOR
Name BRAUN, RICHARD W.
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

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

Title DIRECTOR
Name ROBISON, EDWARD C.
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

Title CHAIRMAN, DIRECTOR
Name BUTLER, ROBERT
Address 12399 GRAVOIS ROAD
City-State-Zip: ST. LOUIS MO 63127

Title FIRST VICE CHAIR, DIRECTOR
Name WHITFORD, JOSH
Address 12399 GRAVOIS ROAD
City-State-Zip: ST. LOUIS MO 63127

Title SECOND VICE CHAIR, DIRECTOR
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

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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 & CEO

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title COO
Name MARTIN, PAMELA
Address 12399 GRAVOIS RD
City-State-Zip: ST LOUIS MO 63127

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

Title ASSISTANT TREASURER, CFO
Name BENTRUP, BARBARA CHRISTINE
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