

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001168

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: DENTAL BENEFIT PROVIDERS, INC.

## Current Principal Place of Business:

800 KING FARM BLVD., STE 600  
THREE IRVINGTON CENTRE  
ROCKVILLE, MD 20850

## New Principal Place of Business:

## Current Mailing Address:

6300 OLSON MEMORIAL HWY  
MN010-E151  
GOLDEN VALLEY, MN 55427

## New Mailing Address:

FEI Number: 41-2014834      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HALL, DAVID T  
Address: 2811 LORD BALTIMORE DR  
City-St-Zip: BALTIMORE, MD 21244

Title: AS ( ) Delete  
Name: PATEL, APUR R  
Address: 6300 OLSON MEMORIAL HWY  
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: DIR ( ) Delete  
Name: MURRAY, BRAIN C .  
Address: 9900 BREN RD E  
City-St-Zip: MINNETONKA, MN 55343

Title: T ( ) Delete  
Name: OBERRENDER, ROBERT W  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: S ( ) Delete  
Name: RYAN, TIMOTHY F  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: AT ( ) Delete  
Name: SAHIN, METE  
Address: 800 KING FARM BLVD  
City-St-Zip: ROCKVILLE, MD 20850

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: ROEHRICK, CHARLES T .  
Address: 9900 BREN RD E  
City-St-Zip: MINNETONKA, MN 55343

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AT (X) Change ( ) Addition  
Name: STERN, KYLE C  
Address: 800 KING FARM BLVD  
City-St-Zip: ROCKVILLE, MD 20850

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: APUR PATEL

A-S

04/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date