2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2011
Secretary of State

DOCUMENT# F03000001168

Entity Name: DENTAL BENEFIT PROVIDERS, INC.

Current Principal Place of Business:

LIBERTY 6, SUITE 200
6220 OLD DOBBIN LN.
COLUMBIA, MD 21045

New Principal Place of Business:

LIBERTY 6, SUITE 200
6220 OLD DOBBIN LANE
COLUMBIA, MD 21045

Current Mailing Address:

12018 SUNRISE VALLEY DR, 4TH FLOOR
VA 060-1000
RESTON, VA 20191

New Mailing Address:

LIBERTY 6, SUITE 200
6220 OLD DOBBIN LANE
COLUMBIA, MD 21045

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

OFFICERS AND DIRECTORS:

Title: D/P
Name: KLISTER, STEVEN JEROME
Address: LIBERTY 6, SUITE 200, 6220 OLD DOBBIN LANE
City-St-Zip: COLUMBIA, MD 21045

Title: SEC
Name: LEWIS, JENNIFER LUNDG
Address: LIBERTY 6, SUITE 200, 6220 OLD DOBBIN LANE
City-St-Zip: COLUMBIA, MD 21045

Title: TREA
Name: OBERRENDER, ROBERT WORTH
Address: LIBERTY 6, SUITE 200, 6220 OLD DOBBIN LANE
City-St-Zip: COLUMBIA, MD 21045

Title: VP
Name: KELLY, JOHN WILLIAM
Address: LIBERTY 6, SUITE 200, 6220 OLD DOBBIN LANE
City-St-Zip: COLUMBIA, MD 21045

Title: DIR
Name: HEBERT, PAUL BRIGGS
Address: LIBERTY 6, SUITE 200, 6220 OLD DOBBIN LANE
City-St-Zip: COLUMBIA, MD 21045

Title: DIR
Name: SOUZA, DIANEDESMARIAS
Address: LIBERTY 6, SUITE 200, 6220 OLD DOBBIN LANE
City-St-Zip: COLUMBIA, MD 21045

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: MANDELINE HENDRICKS POA 03/30/2011

Electronic Signature of Signing Officer or Director Date