

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90002 039 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000004560** ✓

1. Corporation Name
ASSOCIATION DENTAL PLAN, INC.

597002 - 90002 - 39



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**13601 PRESTON RD
 STE. 717 EAST
 DALLAS TX 75240
 US**

Mailing Address
**13601 PRESTON RD
 SUITE 717 EAST
 DALLAS TX 75240
 US**

3. Date Incorporated or Qualified
10/05/1993

4. FEI Number
52-1781037

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**Corporation Service Company
 1201 Nays Street
 Tallahassee, FL 32301**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BARNETT, PETER R.	
STREET ADDRESS	13601 PRESTON ROAD, SUITE 500 E	
CITY-ST-ZIP	DALLAS TX	
TITLE	VPST	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTY, JOHN W	
STREET ADDRESS	13601 PRESTON RD, STE. 500 EAST	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILCOX, WILLIAM H.	
STREET ADDRESS	13601 PRESTON ROAD, SUITE 500 E	
CITY-ST-ZIP	DALLAS TX	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MEYERCORD, DAVID K	
STREET ADDRESS	901 MAIN ST, STE 4300	
CITY-ST-ZIP	DALLAS TX 75202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARNETT, Peter R.	
1.3 STREET ADDRESS	13601 Preston Road, Suite 500 E	
1.4 CITY-ST-ZIP	DALLAS, TX 75240	
2.1 TITLE	CEO/Pres/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DANNY L. BEITZLY	
2.3 STREET ADDRESS	2801 Highway 280 South	
2.4 CITY-ST-ZIP	Birmingham, AL 35223	
3.1 TITLE	TREASURER/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES T. HELTON, III	
3.3 STREET ADDRESS	2801 Highway 280 South	
3.4 CITY-ST-ZIP	Birmingham AL 35223	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DEBORAH J. LONG	
4.3 STREET ADDRESS	2801 Highway 280 South	
4.4 CITY-ST-ZIP	Birmingham, AL 35223	
5.1 TITLE	ASST. SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EUGENE A. BEATHY	
5.3 STREET ADDRESS	2801 Highway 280 South	
5.4 CITY-ST-ZIP	Birmingham, AL 35223	
6.1 TITLE	ASST. SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JULIE J. BAKER	
6.3 STREET ADDRESS	2801 Highway 280 South	
6.4 CITY-ST-ZIP	Birmingham AL 35223	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Julie J. Baker** **REQUIRE** **Julie J. Baker** **7/15/99** **(205) 868-3208**

07/28/99

CR2E034 (5/99)