

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.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1993

4. FEI Number

52-1781037

Applied For

Not Applicable

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.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **BARNETT, PETER R.**
STREET ADDRESS **13601 PRESTON ROAD, SUITE 500 E**
CITY-ST-ZIP **DALLAS TX**

TITLE **VPST** ☒ DELETE
NAME **MCCARTY, JOHN W**
STREET ADDRESS **13601 PRESTON RD, STE. 500 EAST**
CITY-ST-ZIP **DALLAS TX 75240**

TITLE **D** ☒ DELETE
NAME **WILCOX, WILLIAM H.**
STREET ADDRESS **13601 PRESTON ROAD, SUITE 500 E**
CITY-ST-ZIP **DALLAS TX**

TITLE **AS** ☒ DELETE
NAME **MEYERCORD, DAVID K**
STREET ADDRESS **901 MAIN ST, STE 4300**
CITY-ST-ZIP **DALLAS TX 75202**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice President** ☒ Change ☐ 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** ☐ Change ☒ Addition
2.2 NAME **DANNY L. BENTLEY**
2.3 STREET ADDRESS **2801 Highway 280 South**
2.4 CITY-ST-ZIP **Birmingham AL 35223**

3.1 TITLE **TREASURER/Director** ☐ Change ☒ 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** ☐ Change ☒ 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.** ☐ Change ☒ 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.** ☐ Change ☒ 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 7/15/99 (205) 868-3208

CR2E034 (5/99)