SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005637 (2)**

1. Corporation Name
DENTAL PLANS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
9601 MCALLISTER FRWY #300 SAN ANTONIO TX 78216	9601 MCALLISTER FRWY #300 SAN ANTONIO TX 78216

3. Date Incorporated or Qualified: 11/17/1995
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt #, etc
22:
City & State
23:
Zip / Country
24: 25:

2a. Mailing Address
26: 8800 Roswell Road
Suite, Apt #, etc
27: Suite 295
City & State
28: Atlanta, GA
Zip / Country
29: 30350 30: U.S.A.

4. FEI Number: 74-2552904 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 100001887281 -07/09/96--01053--013 ***225.00
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature is required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCST	☒ DELETE	11 TITLE	CDP	☐ Change ☒ Addition
NAME	HEIMAN, DAN		12 NAME	Klock, David R.	
STREET ADDRESS	9601 MCALLISTER FRWY #300		13 STREET ADDRESS	8800 Roswell Road, Suite 295	
CITY-ST-ZIP	SAN ANTONIO TX 78216		14 CITY-ST-ZIP	Atlanta, GA 30350	
TITLE	DP	☒ DELETE	21 TITLE	DS	☐ Change ☒ Addition
NAME	RANDOL, BARNEY		22 NAME	Klock, Phyllis A.	
STREET ADDRESS	9601 MCALLISTER FRWY #300		23 STREET ADDRESS	8800 Roswell Road, Suite 295	
CITY-ST-ZIP	SAN ANTONIO TX 78216		24 CITY-ST-ZIP	Atlanta, GA 30350	
TITLE	CEO	☒ DELETE	31 TITLE	DT	☐ Change ☒ Addition
NAME	RANDOL, BARNEY		32 NAME	Graham, Sharon S.	
STREET ADDRESS	9601 MCALLISTER FRWY #300		33 STREET ADDRESS	8800 Roswell Road, Suite 295	
CITY-ST-ZIP	SAN ANTONIO TX 78216		34 CITY-ST-ZIP	Atlanta, GA 30350	
TITLE	DV	☐ DELETE	41 TITLE	V	☒ Change ☐ Addition
NAME	HEIMAN, SCOTT		42 NAME	Heiman, Scott E.	
STREET ADDRESS	9601 MCALLISTER FRWY #300		43 STREET ADDRESS	9601 McAllister Freeway, #300	
CITY-ST-ZIP	SAN ANTONIO TX 78216		44 CITY-ST-ZIP	San Antonio, TX 78216	
TITLE	COO	☒ DELETE	51 TITLE	DV	☐ Change ☒ Addition
NAME	HEIMAN, SCOTT		52 NAME	Mitchell, Bruce A.	
STREET ADDRESS	9601 MCALLISTER FRWY #300		53 STREET ADDRESS	8800 Roswell Road, Suite 295	
CITY-ST-ZIP	SAN ANTONIO TX 78216		54 CITY-ST-ZIP	Atlanta, GA 30350	
TITLE	V	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	MORGAN, NEIL		62 NAME		
STREET ADDRESS	9601 MCALLISTER FRWY #300		63 STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX 78216		64 CITY-ST-ZIP		

CR2E034 (3/96)

07/08/96 OK

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Bruce A. Mitchell June 14, 1996 (800)633-1262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #