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FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **G59798** (0)

1. Corporation Name
UNITED DENTAL CARE OF FLORIDA, INC.



Principal Place of Business
**% JOHN D. GOLDBERG
3440 HOLLYWOOD BLVD STE 150
HOLLYWOOD FL 33021
US**

Mailing Address
**% JOHN D. GOLDBERG
13601 PRESTON RD STE 500 E
DALLAS TX 75240
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2327793	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE	1.1 TITLE	Change			Addition
NAME	BARNETT, PETER R		1.2 NAME				
STREET ADDRESS	13601 PRESTON RD STE 500 E		1.3 STREET ADDRESS				
CITY-ST-ZIP	DALLAS TX		1.4 CITY-ST-ZIP				
TITLE	VST	DELETE	2.1 TITLE	Change			Addition
NAME	PAPE, MARK E		2.2 NAME				
STREET ADDRESS	13601 PRESTON RD STE 500 E		2.3 STREET ADDRESS				
CITY-ST-ZIP	DALLAS TX		2.4 CITY-ST-ZIP				
TITLE	AS	DELETE	3.1 TITLE	Change			Addition
NAME	MEYERCORD, DAVID K		3.2 NAME				
STREET ADDRESS	901 MAIN STREET STE 4300		3.3 STREET ADDRESS				
CITY-ST-ZIP	DALLAS TX		3.4 CITY-ST-ZIP				
TITLE	D	DELETE	4.1 TITLE	Change			Addition
NAME	WILCOX, WILLIAM		4.2 NAME				
STREET ADDRESS	13601 PRESTON RD STE 500 E		4.3 STREET ADDRESS				
CITY-ST-ZIP	DALLAS TX		4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE	Change			Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE	Change			Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 as an attachment with an address.

CP2E034 (10/97)