


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90040 016 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G59798</b>					
1. Corporation Name <b>UNITED DENTAL CARE OF FLORIDA, INC.</b> <i>IDP</i>					
Principal Place of Business <b>% JOHN D. GOLDBERG 3440 HOLLYWOOD BLVD STE 150 HOLLYWOOD FL 33021 US</b>			Mailing Address <b>% JOHN D. GOLDBERG 13601 PRESTON RD STE 500 E DALLAS TX 75240 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/16/1983</b>	
21		26		4. FEI Number <b>59-2327793</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324</b>				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	<b>BARNETT, PETER R</b>				
STREET ADDRESS	<b>13601 PRESTON RD STE 500 E</b>				
CITY-ST-ZIP	<b>DALLAS TX</b>				
TITLE	VST	<input checked="" type="checkbox"/> DELETE			
NAME	<b>MCCARTY, JOHN W</b>				
STREET ADDRESS	<b>13601 PRESTON RD STE 500 EAST</b>				
CITY-ST-ZIP	<b>DALLAS TX 75240</b>				
TITLE	AS	<input checked="" type="checkbox"/> DELETE			
NAME	<b>MEYERCORD, DAVID K</b>				
STREET ADDRESS	<b>901 MAIN STREET STE 4300</b>				
CITY-ST-ZIP	<b>DALLAS TX</b>				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	<b>WILCOX, WILLIAM</b>				
STREET ADDRESS	<b>13601 PRESTON RD STE 500 E</b>				
CITY-ST-ZIP	<b>DALLAS TX</b>				
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
2.2 NAME	<b>Danny L. Bentley</b>				
2.3 STREET ADDRESS	<b>2801 Hwy 280 South</b>				
2.4 CITY-ST-ZIP	<b>Birmingham, AL 35223</b>				
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
3.2 NAME	<b>James T. Helton</b>				
3.3 STREET ADDRESS	<b>2801 Hwy 280 South</b>				
3.4 CITY-ST-ZIP	<b>Birmingham, AL 35223</b>				
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
4.2 NAME	<b>Deborah J. Long</b>				
4.3 STREET ADDRESS	<b>2801 Hwy 280 South</b>				
4.4 CITY-ST-ZIP	<b>Birmingham, AL 35223</b>				
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
5.2 NAME	<b>David C. Stevens</b>				
5.3 STREET ADDRESS	<b>2801 Hwy 280 South</b>				
5.4 CITY-ST-ZIP	<b>Birmingham, AL 35223</b>				
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

*James T. Helton, III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/18/99 Daytime Phone # 205/868-3566

CR2E034 (11/98)