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FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K26577 (2)

1. Corporation Name
ADVANTAGE DENTAL HEALTHPLANS, INC.

Principal Place of Business

8100 NO UNIVERSITY DR
FT. LAUDERDALE FL 33321
US

Mailing Address

8100 NO UNIVERSITY DR
FT. LAUDERDALE FL 33321-1717
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25. Name and Address of Current Registered Agent

DONOHO, TIM
8100 NO UNIVERSITY DR
FT LAUDERDALE FL 33321

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 607.05(3) and 607.15(8), 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 607.05(8), Florida Statutes.

SIGNATURE

Signature of person in Block 11. If a corporation, the signature of the President, Secretary or Treasurer. If a partnership, the signature of a partner. If a limited liability company, the signature of a member.

DATE

12.

OFFICERS AND DIRECTORS

TITLE

PSTD
DONOHO, TIMOTHY M.
8100 NO UNIVERSITY DR
FT. LAUDERDALE FL

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

DELETE

DELETE

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 NAME

32 STREET ADDRESS

33 CITY-ST-ZIP

34 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(3)(c), 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 this corporation; that I have been authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing. I am currently associated with an address.

SIGNATURE

4/17/97 858-754-4189

CR2E034 (9/96)