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Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K27850 (2)

1. Corporation Name  
MIDA DENTAL PLANS - FLORIDA, INC.

Principal Place of Business  
2000 TOWN CENTER, SUITE 2200  
SOUTHFIELD MI 48075

Mailing Address  
2000 TOWN CENTER, SUITE 2200  
SOUTHFIELD MI 48075-1155



3. Date Incorporated or Qualified 07/01/1988  
3a. Date of Last Report 01/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0243292	Not Applicable
Subst. Apt. #, etc.	Subst. Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

CT 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P KNYSZ, WALTER, JR. 2000 TOWN CENTER, #2200 SOUTHFIELD MI 48075 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CEO/D Thomas A. Dzuryachko 100 Senate Avenue Camp Hill, PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP OLESKOWICZ, JANET 2000 TOWN CENTER, #2200 SOUTHFIELD MI 48075 <input checked="" type="checkbox"/> DELETE	1.2 NAME	S Richard J. Enterline 1800 Center Street Camp Hill, PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	ST O'BRIEN, PHILLIP J. 25800 NORTHWESTERN HWY. #1100 SOUTHFIELD MI 48075 <input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	T Daniel J. Wright 100 Senate Avenue Camp Hill, PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	D KENNETH BANNON 2458 S.W. HERONWOOD PALM CITY FL <input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	D John S. Brouse 1800 Center Street Camp Hill, PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D HUGHES, HOWARD 2313 N. CONGRESS, #14 BOYNTON BEACH FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D Charles Long 1800 Center Street Camp Hill, PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MICHELEEN O'BRIEN, 2313 NORTH CONGRESS, #14 BOYNTON BEACH FL <input checked="" type="checkbox"/> DELETE	2.2 NAME	D Walter F. Froh 1800 Center Street Camp Hill, PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_ 2/3/97 (717) 763-3162  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)