

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K27850

1. Corporation Name

UNITED CONCORDIA DENTAL PLANS OF FLORIDA, INC.

Principal Place of Business

100 SENATE AVE  
CAMP HILL PA 17011  
US

Mailing Address

601 CLEVELAND STREET  
SUITE 320 415  
CLEARWATER FL 33755

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90070 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1988

4. FEI Number

65-0243292

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

DZURYACHKO, THOMAS A

STREET ADDRESS

100 SENATE AVE

CITY-ST-ZIP

CAMP HILL PA

TITLE

S

☐ DELETE

NAME

ENTERLINE, RICHARD J

STREET ADDRESS

1800 CENTER ST

CITY-ST-ZIP

CAMP HILL PA

TITLE

T

☐ DELETE

NAME

WRIGHT, DANIEL J

STREET ADDRESS

100 SENATE AVE

CITY-ST-ZIP

CAMP HILL PA

TITLE

DC

☒ DELETE

NAME

BROUSE, JOHN S

STREET ADDRESS

1800 CENTER ST

CITY-ST-ZIP

CAMP HILL PA

TITLE

D

☒ DELETE

NAME

LONG, CHARLES

STREET ADDRESS

1800 CENTER ST

CITY-ST-ZIP

CAMP HILL PA

TITLE

D

☐ DELETE

NAME

FROH, WALTER F

STREET ADDRESS

1800 CENTER ST

CITY-ST-ZIP

CAMP HILL PA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

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☐ Addition

SIGNATURE:

Thomas A. Dzuryachko, President

2-23-99

(800) 929-0538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)