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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	Mailing Address				BBIBITE BIB SIBII (BBBI IBIBI A)			1811 81811 1881	
100 SENATE AV CAMP HILL PA US	_	601 Cleveland Street Suite 320 47.5 Clearwater Fl 33755				DO NOT WRITE IN THIS SPACE				
					T	corporated or Qualifed /1988				
Principal Place of Business 2a. Mailing Address					4. FEI Nu			Applied For		
21		26			65-02	00 00 1000		t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27 50 i t e 415			5. Certifo	ate of Status Desired		Fee Required		
City & State		City & State				ion Campaign Financing \$5.00 May Be Fund Contribution Added to Fees				
Zip Country Z		Zip	Zip Country			8. This corporation owes the current year Intangible				
24	25	29 3	0			al Property Tax.		X Yes	□No	
Name and Address of Current Registered Agent				T	10. Name	and Address of New F	legistered A	gent		
INICH	DANCE COMMISSIONED		81	Name						
INSURANCE COMMISSIONER THE CAPITOL			82	Street	Address (P.O. Box	Number is Not Accepta	ıble).			
TALL	AHASSEE FL		83							
			84	City	1.,,,	,	FL	85 Zip (Code	
11 Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	e-named	corporation submit	ts this statement for the	purpose of c	nanging its	registered	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	norizea dy	тпе согра	oration's board of o	directors. I hereby accer	ot the appoint	ment as re-	gisterea	
=	:	Moris or, deciden der ledde, i lens		•						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: R	egistered Age	nt signature :	required when reinstating)		DATE			
12.	OFFICERS AN	ND DIRECTORS	13.			ONS/CHANGES TO OF	FICERS AND			
TITLE	PD	☐ DELETE	1.1 TITLE		D			Change	X Addition	
NAME	DZURYACHKO, THOMAS A		1.2 NAME		Paul, Wayn	eA.				
STREET ADDRESS	100 SENATE AVE		1.3 STREE	T ADDRESS	100 Senal	te Ave				
CITY-ST-ZIP	CAMP HILL PA		1.4 CITY-5	T-ZIP	Camp Hill	PA 1701	1			
TITLE	S	☐ DELETE	2.1 TITLE		0,	1		☐ Change	Addition	
NAME	ENTERLINE, RICHARD J		2.2 NAME		Fisher, Don	ald				
STREET ADDRESS	1800 CENTER ST		2.3 STREE	T ADDRESS	100 Senate				٠.	
CITY-ST-ZIP	CAMP HILL PA		2. 4 CITY-	ST-ZIP	Camp Hill.	PA 1701	1		_ ث	
TITLE	T	☐ DELETE	3.1 TITLE		2	ſ .		☐ Change	Addition	
NAME	WRIGHT, DANIEL J		3.2 NAME		Timothe	S. Billow				
STREET ADDRESS	100 SENATE AVE		3.3 STREE	TADORESS	100 Suna	1.10				
CITY-ST-ZIP	CAMP HILL PA		3.4. CITY-	ST-ZIP	Camp Hi	16 pt 17011				
TITLE	DC	⊠ DELETE	4.1 TITLE		ļ	1 1		☐ Change	☐ Addition	
NAME	BROUSE, JOHN S		4. 2 NAME							
STREET ADDRESS	1800 CENTER ST		4.3 STREE	T ADDRESS						
CITY-ST-ZIP	CAMP HILL PA		4.4 CITY-5	T-ZIP						
TITLE	D	⊠ DELETÉ	5.1 TITLE					☐ Change	☐ Addition	
NAME	LONG, CHARLES		5.2 NAME			1				
STREET ADDRESS	1800 CENTER ST		5.3 STREE	TADDRESS					İ	
CITY-ST-ZIP	CAMP HILL PA		5.4 CITY-5	ST-ZIP						
TITLE	D	☐ OELETE	6.1 TITLE					Change	☐ Addition	
NAME	FROH, WALTER F		6.2 NAME							
STREET ADDRESS	1800 CENTER ST		6.3 STREE	TADDRESS						
CITY-ST-ZIP	CAMP HILL PA		6.4 CITY-5	ST-ZIP	I .					

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 on an attachment with an address, with all other like empowered.

SIGNATURE: