2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # K27850 04-16-2004 90124 015 ***150.00 1. Entity Name UNITED CONCORDIA DENTAL PLANS OF FLORIDA, INC. Mailing Address Principal Place of Business Z4443300 **601 CLEVELAND STREET** 4401 DEER PATH ROAD US STE 415 HARRISBURG, PA 17110 CLEARWATER, FL 33755 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (10/03) 04062004 Applied For 4. FEI Number City & State City & State 65-0243292 Not Applicable \$8.75 Additional Country Country 7ip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition CPD TITLE ☐ Delete TITLE NAME DZURYACHKO, THOMAS A NAME STREET ADDRESS STREET ADDRESS 4401 DEER PATH ROAD CITY-ST-ZIP HARRISBURG, PA 17110 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE WRIGHT, DANIEL J NAME NAME 4401 DEER PATH ROAD STREET ADDRESS STREET ACORESS CITY-ST-7IP HARRISBURG, PA 17110 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE BILLOW, TIMOTHY D. NAME NAME STREET ADDRESS STREET ADDRESS 4401 DEER PATH ROAD CITY-ST-ZIP HARRISBURG, PA 17110 CITY-ST-ZIP Change XX Addition XIX Delete TITLE TITLE Vanerstrom, Todd B. NAME MASSINI, STEPHEN M NAME 120 5th Avenue Place STREET ADDRESS 1800 CENTER STREET STREET ADDRESS CITY-ST-ZIP Pittsburgh, PA 15222 CAMP HILL, PA 17089 CITY-ST-ZIP XX Change ☐ Addition ☐ Delete TITLE TITLE KLINE, NANETTE P NAME DeTurk, Nanette P. NAME STREET ADDRESS 120 FIFTH AVENUE PLACE STREET ADDRESS 120 5th Avenue Place CITY-ST-ZIP PITTSBURGH, PA 15222 CITY-ST-ZIP Pittskurch, PA 15222 Change ■ Addition TITLE ☐ Delete TITLE FROH, WALTER F NAME 100 SENATE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAMP HILL, PA 17011 CITY-ST-ZIP

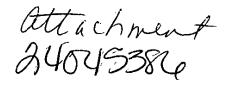
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Deniel J. Wright, Tressurer & Assistant Scretary,

*7*17-260-7182

FILED

UNITED CONCORDIA
America's Premier Dental Insurer



K27850

Additional Officer of United Concordia Dental Plans of Florida, Incorporated:

Secretary

Richard J. Enterline, Esq. 1800 Center Street Camp Hill, PA 17089