

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K27850

FILED
Jan 10, 2007
Secretary of State

Entity Name: UNITED CONCORDIA DENTAL PLANS OF FLORIDA, INC.

Current Principal Place of Business:

4401 DEER PATH ROAD
HARRISBURG, PA 17110 US

New Principal Place of Business:

Current Mailing Address:

HQ WESTSHORE CENTER
2202 NORTH WESTSHORE BOULEVARD,STE.200
TAMPA, FL 33607

New Mailing Address:

FEI Number: 65-0243292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: DZURYACHKO, THOMAS A
Address: 4401 DEER PATH ROAD
City-St-Zip: HARRISBURG, PA 17110

Title: T () Delete
Name: WRIGHT, DANIEL J
Address: 4401 DEER PATH ROAD
City-St-Zip: HARRISBURG, PA 17110

Title: AT () Delete
Name: BILLOW, TIMOTHY D
Address: 4401 DEER PATH ROAD
City-St-Zip: HARRISBURG, PA 17110

Title: D () Delete
Name: VANERSTROM, TODD B
Address: 120 5TH AVENUE PLACE
City-St-Zip: PITTSBURGH, PA 15222

Title: D () Delete
Name: DETURK, NANETTE P
Address: 120 FIFTH AVENUE PLACE
City-St-Zip: PITTSBURGH, PA 15222

Title: D () Delete
Name: HANLON, KAREN L
Address: 120 5TH AVENUE PLACE
City-St-Zip: PITTSBURGH, PA 15222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL J WRIGHT

_____ Electronic Signature of Signing Officer or Director

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01/10/2007

_____ Date