SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
97 AUG 13 PM 2:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(1)

DOCUMENT # L66770 (3)

1. Corporation Name
NATIONAL DENTAL PROGRAMS, INC.

Principal Place of Business	Mailing Address
7000 NW 17TH ST #102 PLANTATION FL 33313	7000 NW 17TH ST. SUITE 102 PLANTATION FL 33313 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1990	3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0189923	☐ 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 or has paid the current year intangible Personal Property Tax due June 30. ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 2080 Old Dominion Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Atlanta Georgia
Zip 24 / Country 25	Zip 29 30350 / Country 30 USA

9. Name and Address of Current Registered Agent

ALLOY, GARY
7000 NW 17TH ST #102
PLANTATION FL 33313

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLOY, GARY		1.2 NAME	
STREET ADDRESS	7000 NW 17TH ST #102		1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLOY, MARILYN		2.2 NAME	
STREET ADDRESS	2080 OLD DOMINION RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	800002270818--6
STREET ADDRESS			3.3 STREET ADDRESS	-08/19/97--01019--008
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (4/97)

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: Gary Alloy 7-24-97 VP

(2)

NATIONAL DENTAL PROGRAMS, INC.

7000 Northwest 17th Street, #102
Plantation, Florida 33313
(404)705-8500

August 4, 1997

Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Document # L66770
FEI Number: 65-0189923

To whom it may concern:

We did not receive the first 1997 corporation annual report for National Dental Programs, Inc., and just received the second notice. Since 1982, I have had a Florida Corporation and have never missed paying on time. I called your offices and spoke with Tammy, who told me to send in the $165 with an explanation, which I am now doing.

Please accept this as my payment, as the first notice was never received. Thank you very much.

Sincerely,

Gary Alloy

Gary Alloy
President