## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L66770

FILED Feb 02, 2004 Secretary of State

Entity Name: NATIONAL DENTAL PROGRAMS, INC.

Current P	Principal Place of Business:	New Principal Place of Business:
	17TH ST #102 ION, FL 33313	
Current N	lailing Address:	New Mailing Address:
	DOMINION ROAD , GA 30350 US	
El Number	: 65-0189923 FEI Number Ap	plied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registe	red Agent: Name and Address of New Registered Agent:
PLANTAT	17TH ST #102 ION, FL 33313 US	ement for the purpose of changing its registered office or registered agent, or both,
		emention the purpose of changing its registered office of registered agent, of both,
	e of Florida.	ement for the purpose of changing its registered office of registered agent, or both,
	e of Florida. RE:	
n the Stat	e of Florida.	
n the Stat SIGNATU	e of Florida. RE:	Registered Agent Date
n the Stat SIGNATU Election Ca	e of Florida.  RE: Electronic Signature of	Registered Agent Date
n the Stat  SIGNATU  Slection Ca  DFFICER  itle: lame: ddress:	e of Florida.  RE: Electronic Signature of  mpaign Financing Trust Fund Cont	Registered Agent Date ribution ( ).
n the Stat SIGNATU Election Ca	e of Florida.  RE:  Electronic Signature of mpaign Financing Trust Fund Cont  S AND DIRECTORS:  DP () Delete ALLOY, GARY, 7000 NW 17TH ST #102	Registered Agent Date  ribution ( ).  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address:
n the Stat  BIGNATU  Election Ca  DFFICER  Title: lame: laddress: City-St-Zip:  Title: lame: lame: laddress:	e of Florida.  RE:  Electronic Signature of mpaign Financing Trust Fund Cont  S AND DIRECTORS:  DP () Delete ALLOY, GARY, 7000 NW 17TH ST #102 PLANTATION, FL  VP () Delete ALLOY, MARILYN, 2080 OLD DOMINION RD.	Registered Agent Date  ribution ( ).  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY ALLOY PRES 02/02/2004