

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66770

FILED  
Mar 14, 2008  
Secretary of State

Entity Name: NATIONAL DENTAL PROGRAMS, INC.

## Current Principal Place of Business:

3421 NORTH 41ST COURT  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

## Current Mailing Address:

2080 OLD DOMINION ROAD  
ATLANTA, GA 30350 US

## New Mailing Address:

PO BOX 889276  
ATLANTA, GA 30356 US

FEI Number: 65-0189923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALLOY, GARY  
3421 NORTH 41ST COURT  
HOLLYWOOD, FL 33021 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: PRES ( ) Delete  
Name: ALLOY, GARY  
Address: 3421 NORTH 41ST COURT  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: ALLOY, MARILYN,  
Address: 2080 OLD DOMINION RD.  
City-St-Zip: ATLANTA, GA

Title: CFO ( ) Delete  
Name: ALLOY, JASON  
Address: 2080 OLD DOMINION ROAD  
City-St-Zip: ATLANTA, GA 30350

Title: S ( ) Delete  
Name: ALLOY, TAMI  
Address: 2080 OLD DOMINION ROAD  
City-St-Zip: ATLANTA, GA 30350

## 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  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GARY ALLOY

PRES

03/14/2008

Electronic Signature of Signing Officer or Director

Date