

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66770

FILED
Jan 16, 2009
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:

PO BOX 889276
ATLANTA, GA 30356 US

New Mailing Address:

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

VP

01/16/2009

Electronic Signature of Signing Officer or Director

Date