

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007204

FILED
Feb 09, 2012
Secretary of State

Entity Name: DENTAL BENEFITS RESOURCE ASSOCIATION, INC

Current Principal Place of Business:

10801 STARKEY RD
SUITE 104-221
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

10801 STARKEY RD
SUITE 104-221
SEMINOLE, FL 33777

New Mailing Address:

FEI Number: 04-3611718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACDONALD, ROBERT M
10801 STARKEY RD
SUITE 104-221
SEMINOLE, FL 33777 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

OFFICERS AND DIRECTORS:

Title: PE
Name: BIRDMAN, MICHAEL
Address: 1335 INDUSTRIAL BLVD. STE. 100
City-St-Zip: MINNEAPOLIS, MN 55436

Title: P
Name: SCHULTZ, ROGER
Address: 102 SPLIT RAIL TRAIL
City-St-Zip: JASPER, GA 30143 US

Title: ST
Name: MACDONALD, ROBERT
Address: 1111 E TENNESSEE ST
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: IPP
Name: SMITH, CHRISTOPHER
Address: 1501 MARKET ST. MK550
City-St-Zip: TACOMA, WA 98401 US

Title: VP
Name: MARTIN, RAY
Address: 4301 SAINT VINCENT AVE.
City-St-Zip: ST. LOUIS, MO 63119 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT M. MACDONALD

S-T

02/09/2012

Electronic Signature of Signing Officer or Director

Date