


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90152 019 ***150.00

DOCUMENT # P02000071347 1. Entity Name AMERICAN DENTAL AND VISION PLAN, INC.	
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Principal Place of Business 545 N. ANDREWS AVE. FORT LAUDERDALE, FL 33301	Mailing Address 545 N. ANDREWS AVE. FORT LAUDERDALE, FL 33301
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DO NOT WRITE IN THIS SPACE

40067132



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 72-1589117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZIMMERMAN, E. ROSS ESQ 7797 N UNIVERSITY DRIVE SUITE 108 TAMARAC, FL 33321
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MCKINLEY, JAMES R 545 N. ANDREWS AVE. FORT LAUDERDALE, FL 33301
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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James R. McKinley* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____