2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P02000071347 1. Entity Name AMERICAN DENTAL AND VISION PLAN, INC. 2007 APR -6 PM 2: 48 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE. FLORIDA 545 N. ANDREWS AVE. 545 N. ANDREWS AVE. FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 CR2E034 (11/05) 04032007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 72-1589117 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZIMMERMAN, E. ROSS ESQ DO NOT WRITE 7797 N UNIVERSITY DRIVE **SUITE 108** IN THIS SPACE TAMARAC, FL 33321 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Perpoper | 182 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PVST** TITLE MCKINLEY, JAMES R NAME STREET ADDRESS 545 N. ANDREWS AVE. 04/13/108/19 011 158.75 FORT LAUDERDALE, FL 33301 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY+ST-ZIP NAME STREET ADDRESS

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07

954.938.2685

Daytime Phone #