

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000105484

FILED
Mar 30, 2010
Secretary of State

Entity Name: DENTAQUEST INSURANCE COMPANY OF FLORIDA, INC.

Current Principal Place of Business:

2100 PONCE DE LEON BLVD.
SUITE 950
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

425 MEDFORD STREET
BOSTON, MA 02129

New Mailing Address:

FEI Number: 20-1373905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 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: D
Name: DONOHUE, FAY
Address: 465 MEDFORD STREET
City-St-Zip: BOSTON, MA 02129 US

Title: D&O
Name: FROCK, SCOTT
Address: 465 MEDFORD STREET
City-St-Zip: BOSTON, MA 02129 US

Title: D&O
Name: POLLOCK, STEVEN
Address: 12121 NORTH CORPORATE PARKWAY
City-St-Zip: MEQUON, WI 53092 US

Title: D&O
Name: BALDWIN, MARGARET
Address: 465 MEDFORD ST
City-St-Zip: BOSTON, MA 02129 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARGARET BALDWIN

D&O

03/30/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date