## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144202

TAMPA, FL 33609

Entity Name: ARGUS DENTAL PLAN, INC.

FILED Mar 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3410 HENDERSON BLVD 4010 W STATE STREET SUITE 100 TAMPA, FL 33609 US

Current Mailing Address: New Mailing Address:

3410 HENDERSON BLVD 4010 W STATE STREET SUITE 100 TAMPA, FL 33609 US

FEI Number: 20-5898265 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KAVOUKLIS, NICHOLAS M DMD

3410 HENDERSON BLVD

STE 100

TAMPA, FL 33609 US

KAVOUKLIS, NICHOLAS M DMD

4010 W STATE STREET

TAMPA, FL 33609 US

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: NICHOLAS M KAVOUKLIS 03/24/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition DMD ( ) Delete Title: KAVOUKLIS, NICHOLAS M DMD KAVOUKLIS, NICHOLAS M DMD Name: Name: 3410 HENDERSON BLVD Address: 4010 W STATE STREET Address: City-St-Zip: TAMPA, FL 33609 US City-St-Zip: TAMPA, FL 33609 US

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: NICHOLAS M KAVOUKLIS DMD 03/24/2008