

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000049948

FILED
Apr 16, 2010
Secretary of State

Entity Name: FLORIDA DENTAL BENEFITS, INC.

Current Principal Place of Business:

801 ARTHUR GODFREY ROAD, SUITE 401
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

801 ARTHUR GODFREY ROAD, SUITE 401
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 27-0356059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIPICH, LEILA C
801 ARTHUR GODFREY ROAD, SUITE 401
MIAMI BEACH, FL 33140 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: RIPICH, LEILA C
Address: 801 ARTHUR GODFREY ROAD, SUITE 401
City-St-Zip: MIAMI BEACH, FL 33140

Title: D
Name: HECKLER, TIFFANY Z
Address: 801 ARTHUR GODFREY ROAD, SUITE 401
City-St-Zip: MIAMI BEACH, FL 33140

Title: D
Name: BRADY, ALLISON W
Address: 801 ARTHUR GODFREY ROAD, SUITE 401
City-St-Zip: MIAMI BEACH, FL 33140

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: TIFFANY ZIENTZ HECKLER

CFO

04/16/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date