

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36334

FILED
Jan 07, 2009
Secretary of State

Entity Name: NATIONAL DENTAL STUDENT RISK PURCHASING GROUP \INCORPORATED\

Current Principal Place of Business:

3101 W DR MARTIN LUTHER KING JR BLVD
SUITE 400
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

3101 W DR MARTIN LUTHER KING JR BLVD
SUITE 400
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3078897 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: VD () Delete
Name: HEATH, SUSAN
Address: 3101 W DR. ML KING JR BLVD, STE 400
City-St-Zip: TAMPA, FL 33607

Title: P () Delete
Name: MERSINGER, E D
Address: P.O. BOX 710
City-St-Zip: HAMPSTEAD, MD 21074

Title: SDT () Delete
Name: STEFAN, HAILEY
Address: 3101 W DR ML KING JR BLVD, STE 400
City-St-Zip: TAMPA, FL 33607

Title: ST () Delete
Name: STEFAN, HAILEY
Address: 3101 W DR ML KING JR BLVD,STE 400
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: ZUST, MARK
Address: 80 GAILWOOD DR.
City-St-Zip: SAINT PETERS, MO 63376

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HAILEY STEFAN

ST

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date