FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:31

DOCUMENT # P92000013216 (6)

1. Corporation Name
SIGNATURE DENTAL PLAN OF FLORIDA, INC.

Principal Place of Business	Mailing Address
200 N MARTINGALE RD SCHAUMBURG IL 60173-2096	200 N MARTINGALE RD SCHAUMBURG IL 60173-2096

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 12/21/1992	3a. Date of Last Report: 02/07/1994
21	26 c/o Dan Blindauer - 10F	4. FEI Number: 36-3860311	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 200 North Martingale Road	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Schaumburg, Illinois	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 60173-2096 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	CHAIRMAN & CEO	☒ Change ☐ Addition
NAME	HEINE, SPENCER H	1.2 NAME	GARY J. REDDINGTON	
STREET ADDRESS	200 N MARTINGALE RD	1.3 STREET ADDRESS	200 North Martingale Road	
CITY-ST-ZIP	SCHAUMBURG IL	1.4 CITY-ST-ZIP	Schaumburg, IL 60173-2096	
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	GALLAGHER, RICHARD C	2.2 NAME		
STREET ADDRESS	200 N MARTINGALE RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	PORTELLI, ALAN F	3.2 NAME		
STREET ADDRESS	200 N MARTINGALE RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHULTZ, JACK R	4.2 NAME		
STREET ADDRESS	200 N MARTINGALE RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL	4.4 CITY-ST-ZIP		
TITLE	VS	5.1 TITLE		☐ Change ☐ Addition
NAME	EUWEMA, JOHN B	5.2 NAME		
STREET ADDRESS	200 N MARTINGALE RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SAMUELSEN, RICHARD L	6.2 NAME		
STREET ADDRESS	3302 W MARTIN LUTHER KING BLVD	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack R. Schultz JACK R. SCHULTZ VP & Controller 01-24-95 (708) 605-4543
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0000270 CP