FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 07 1996 8:00 am
Secretary of State

DOCUMENT # **P92000013216 (6)**

1. Corporation Name

SIGNATURE DENTAL PLAN OF FLORIDA, INC.

Principal Place of Business

200 N MARTINGALE RD
SCHAUMBURG IL 60173-2096

Mailing Address

C/O DAN BLINDAUER - 10F
200 NORTH MARTINGALE ROAD
SCHAUMBURG IL 60173-2096
US

3. Date Incorporated or Qualified: 12/21/1992

3a. Date of Last Report: 02/01/1995

4. FEI Number: 36-3860311 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) — Suite/Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite/Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REDDINGTON, GARY J	1.2 NAME	
STREET ADDRESS	200 NORTH MARTINGALE ROAD	1.3 STREET ADDRESS	
CITY, ST, ZIP	SCHAUMBURG IL	1.4 CITY, ST, ZIP	
TITLE	P ☐ DELETE	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 ☐ DELETE	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 ☐ DELETE	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 ☐ DELETE	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 ☐ DELETE	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 this 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 — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK R. SCHULTZ
VP & Controller — Title

01-25-96 — Date

(847) 605-4543 — Daytime Phone #

CR2E034 (12/95)