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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

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	C/O DAN BLINDAUER - 10F 200 NORTH MARTINGALE ROAD SCHAUMBURG IL 60173-2040 US

3. Date Incorporated or Qualified: 12/21/1992
3a. Date of Last Report: 02/07/1996

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

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

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	VP + Controller	☒ Change ☐ Addition
NAME	~~SCHULTZ, JACK R~~		4.2 NAME	Sandra K. Vollman	
STREET ADDRESS	~~200 N MARTINGALE RD~~		4.3 STREET ADDRESS	200 N. Martingale Road	
CITY-ST-ZIP	~~SCHAUMBURG IL~~		4.4 CITY-ST-ZIP	Schaumburg IL. 60173-2096	
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	DIRECTOR	☒ Change ☐ Addition
NAME	~~SAMUELSEN, RICHARD L~~		6.2 NAME	IRVIN E GRIMES	
STREET ADDRESS	~~3302 W MARTIN LUTHER KING BLVD~~		6.3 STREET ADDRESS	600 US 301 BLVD. W / Suite # 108	
CITY-ST-ZIP	~~TAMPA FL~~		6.4 CITY-ST-ZIP	BRADENTON, FL 34205	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/21/97