

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90251 013 ***150.00

DOCUMENT # P92000013216

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1992

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

36-3860311

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax.

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

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 P
NAME GALLAGHER, RICHARD C
STREET ADDRESS 200 N MARTINGALE RD
CITY-ST-ZIP SCHAUMBURG IL

DELETE

1.1 TITLE CEO
1.2 NAME LINEN, WORTHINGTON W.
1.3 STREET ADDRESS 200 N. MARTINGALE RD
1.4 CITY-ST-ZIP SCHAUMBURG, IL

Change Addition

TITLE V
NAME PORTELLI, ALAN F
STREET ADDRESS 200 N MARTINGALE RD
CITY-ST-ZIP SCHAUMBURG IL

DELETE

2.1 TITLE VP
2.2 NAME PLACEK, ROBERT L.
2.3 STREET ADDRESS 200 N. MARTINGALE RD
2.4 CITY-ST-ZIP SCHAUMBURG, IL

Change Addition

TITLE VPC
NAME VOLLMAN, SANDRA K
STREET ADDRESS 200 N MARTINGALE RD
CITY-ST-ZIP SCHAUMBURG IL

DELETE

3.1 TITLE VPC
3.2 NAME OVER, JANICE M.
3.3 STREET ADDRESS 200 N. MARTINGALE RD
3.4 CITY-ST-ZIP SCHAUMBURG, IL

Change Addition

TITLE VS
NAME EUWEMA, JOHN B
STREET ADDRESS 200 N MARTINGALE RD
CITY-ST-ZIP SCHAUMBURG IL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME GRIMES, IRVIN E
STREET ADDRESS 600 US 301 BLVD W SUITE 108
CITY-ST-ZIP BRADENTON FL

DELETE

5.1 TITLE AS
5.2 NAME MOYER, LYMAN C.
5.3 STREET ADDRESS 200 N. MARTINGALE RD
5.4 CITY-ST-ZIP SCHAUMBURG, IL

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-23-99

Date

Daytime Phone #

CR2E034 (11/98)