2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90044 014 ***150.00

U14-3096

DOCUMENT # P93000000249

1. Entity Name
DENTAL INSURANCE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
5775 BLUE LAGOON DRIVE 400 MIAMI FL 33126 US	5775 BLUE LAGOON DRVIE 400 MIAMI FL 33126 US

021796

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 Mansell Court East	100 Mansell Court East
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400
City & State: Roswell GA	City & State: Roswell GA
Zip: 30076 / Country: US	Zip: 30076 / Country: US

4. FEI Number 65-0383593 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TIE SHUE, HENRY C 5775 BLUE LAGOON DR SUITE 400 MIAMI FL 33126	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Isle Rd City: Plantation FL Zip Code: 33324

8. 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: Dale W. Morris — DALE W. MORRIS, ASSISTANT VICE PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PCED NAME: SHAPIRO, STANLEY I STREET ADDRESS: 5775 BLUE LAGOON DR, SUITE 400 CITY-ST-ZIP: MIAMI FL 33126	☒ Delete	TITLE: CCEO NAME: David R. Klock STREET ADDRESS: 100 Mansell Court East, Suite 400 CITY-ST-ZIP: Roswell, GA 30076	☐ Change ☒ Addition
TITLE: D NAME: BREIER, ROBERT G STREET ADDRESS: 2800 PONCE DE LEON BLVD, STE 1125 CITY-ST-ZIP: CORAL GABLES FL 33134-6912	☒ Delete	TITLE: DP NAME: Phyllis A. Klock STREET ADDRESS: 100 Mansell Court East, Suite 400 CITY-ST-ZIP: Roswell, GA 30076	☐ Change ☒ Addition
TITLE: VCD NAME: LEVINE, HOWARD STREET ADDRESS: 5775 BLUE LAGOON DR, SUITE 400 CITY-ST-ZIP: MIAMI FL 33126	☒ Delete	TITLE: DS NAME: Bruce A. Mitchell STREET ADDRESS: 100 Mansell Court East, Suite 400 CITY-ST-ZIP: Roswell, GA 30076	☐ Change ☒ Addition
TITLE: S NAME: BERMAN, MARLA I. STREET ADDRESS: 5775 BLUE LAGOON DR, SUITE 400 CITY-ST-ZIP: MIAMI FL 33126	☒ Delete	TITLE: DT NAME: Keith J. Yoder STREET ADDRESS: 100 Mansell Court East, Suite 400 CITY-ST-ZIP: Roswell, GA 30076	☐ Change ☒ Addition
TITLE: D NAME: GORMAN, MICHAEL A. STREET ADDRESS: 50 KENNEDY PLAZA CITY-ST-ZIP: PROVIDENCE RI 02903	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: D NAME: HILINSKI, SCOTT F. STREET ADDRESS: 50 KENNEDY PLAZA CITY-ST-ZIP: PROVIDENCE RI 02903	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce A. Mitchell — 2/7/01 — 770 998-5936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #