

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P93000064721 (2)

1. Corporation Name

PARAMOUNT DENTAL PLAN INC.



Principal Place of Business

10627 RIVERCREST DRIVE
RIVERVIEW FL 33569

Mailing Address

10627 RIVERCREST DRIVE
RIVERVIEW FL 33569

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/16/1993

3a. Date of Last Report

03/31/1995

4. FEI Number

59-3205415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

KAVOULIS, MICHAEL N
1000 NORTH ASHLEY DRIVE
STE. 505
TAMPA FL 33602

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

1209L Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D. President / Director

KAVOULIS, NICHOLAS M

STREET ADDRESS 2601 JETTON AVENUE

CITY-STATE-ZIP TAMPA FL 33629

TITLE ☐ DELETE

NAME VICE PRESIDENT / Director

KAVOULIS, Christopher M

STREET ADDRESS 3201 BARCELONA ST

CITY-STATE-ZIP TAMPA, FL 33629

TITLE ☐ DELETE

NAME SECRETARY

ALEXANDRA T. KAVOULIS

STREET ADDRESS 8601 JETTON AVE

CITY-STATE-ZIP TAMPA, FL 33629

TITLE ☐ DELETE

NAME DIRECTOR

MICHAEL N. KAVOULIS

STREET ADDRESS 2405 ARDSON PL. # 203 A

CITY-STATE-ZIP TAMPA, FL 33629

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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:

Nicholas M. Kavoulis NICHOLAS M. KAVOULIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.96

813 221-5431

Day

Daytime Phone

CR2E034 (12/95)