

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L66770

**Entity Name:** NATIONAL DENTAL PROGRAMS, INC.

**Current Principal Place of Business:**

3421 NORTH 41ST COURT  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

PO BOX 889276  
ATLANTA, GA 30356 US

**FEI Number:** 65-0189923

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALLOY, GARY  
3421 NORTH 41ST COURT  
HOLLYWOOD, FL 33021 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            ALLOY, GARY  
Address        3421 NORTH 41ST COURT  
City-State-Zip: HOLLYWOOD FL 33021

Title            CFO  
Name            ALLOY, JASON  
Address        2080 OLD DOMINION ROAD  
City-State-Zip: ATLANTA GA 30350

Title            VP  
Name            ALLOY, MARILYN  
Address        2080 OLD DOMINION RD.  
City-State-Zip: ATLANTA GA

Title            S  
Name            ALLOY, TAMI  
Address        2080 OLD DOMINION ROAD  
City-State-Zip: ATLANTA GA 30350

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY ALLOY

**PRES**

**01/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date