

2017 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, MARILYN
Address 2080 OLD DOMINION ROAD
City-State-Zip: ATLANTA GA 30350

Title VP
Name ALLOY, GARY
Address PO BOX 889276
City-State-Zip: ATLANTA GA 30356

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

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

VP

02/01/2017

Electronic Signature of Signing Officer/Director Detail

Date