**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 13, 2015**
**Secretary of State**
**CC1541865014**

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 | Title | VP |
| Name | ALLOY, MARILYN | Name | ALLOY, GARY |
| Address | 2080 OLD DOMINION ROAD | Address | PO BOX 889276 |
| City-State-Zip: | ATLANTA GA 30350 | City-State-Zip: | ATLANTA GA 30356 |
| Title | CFO | Title | S |
| Name | ALLOY, JASON | Name | ALLOY, TAMI |
| Address | 2080 OLD DOMINION ROAD | Address | 2080 OLD DOMINION ROAD |
| City-State-Zip: | ATLANTA GA 30350 | 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: MARILYN ALLOY PRESIDENT 01/13/2015

Electronic Signature of Signing Officer/Director Detail — Date