2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001113

Entity Name: ORTHALLIANCE NEW IMAGE, INC.

PATERNOSTRO, TONY

METAIRIE, LA 70002

3850 N CAUSEWAY BLVD #800

Name: Address:

City-St-Zip:

FILED Jan 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3850 N CAUSEWAY BLVD #800 METAIRIE, LA 70002 **New Mailing Address: Current Mailing Address:** 3850 N CAUSEWAY BLVD #800 METAIRIE, LA 70002 FEI Number: 95-4780308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition PALMISANO, SR., BART Name: Name: 3850 N CAUSEWAY BLVD #800 Address: Address: City-St-Zip: METAIRIE, LA 70002 City-St-Zip: Title: Title: () Delete () Change () Addition PALMISANO, JR., BART Name: Name: 3850 N CAUSEWAY BLVD #800 Address: Address: METAIRIE, LA 70002 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition SANDEMAN, TOM Name: VERRET, DAVID Name: 3850 N CAUSEWAY BLVD #800 3850 N CAUSEWAY BLVD #800 Address: Address: City-St-Zip: METAIRIE, LA 70002 City-St-Zip: METAIRIE, LA 70002 Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BART PALMISANO, JR. SD 01/11/2005