

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90052 019 \*\*\*158.75

**DOCUMENT # F00000001113**

1. Entity Name  
**ORTHALLIANCE NEW IMAGE, INC.**

Principal Place of Business  
**21535 HAWTHORNE BLVD., SUITE 200**  
**TORRANCE CA 90503**

Mailing Address  
**21535 HAWTHORNE BLVD., SUITE 200**  
**TORRANCE CA 90503**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-4780308**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME **PCD**  
 STREET ADDRESS **WESTOVER, SAM**  
 CITY-ST-ZIP **21535 HAWTHORNE BLVD., SUITE 200**  
**TORRANCE CA 90503** ☒ Delete

TITLE  
 NAME **President & CEO**  
 STREET ADDRESS **Dennis Summers**  
 CITY-ST-ZIP **21535 Hawthorne Blvd #200**  
**Torrance CA 90503** ☒ Change ☒ Addition

TITLE  
 NAME **VSD**  
 STREET ADDRESS **HAYASE, PAUL H**  
 CITY-ST-ZIP **21535 HAWTHORNE BLVD., SUITE 200**  
**TORRANCE CA 90503** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME **WILSON, JAMES C**  
 STREET ADDRESS **21535 HAWTHORNE BLVD., SUITE 200**  
 CITY-ST-ZIP **TORRANCE CA 90503** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **James Wilson CFO 1-5-2001 3107921300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)