

F96000000600

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Dental Health Administrative and Consulting Services, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

200001707182
-02/06/96--01030--004
*****70.00 *****70.00

Michael T. Lloyd

(Name of Person)

Dental Health Administrative and Consulting Services, Inc.
(Firm/Company)

2001 Butterfield Road, Suite 900

(Address)

Downers Grove, IL 60515

(City/State/Zip)

96 FEB -5 PM 11:01

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SECRETARY OF STATE
CORPORATIONS

mtm

Should you need to call someone concerning this matter, please call:

Michael T. Lloyd

(Name of Person)

at (708) 964-8039

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. Dental Health Administrative and Consulting Services, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Illinois
(State or country under the law of which it is incorporated)
3. 36-2894278
(FEI number, if applicable)
4. 10/08/1976
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. February 1, 1996
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 2001 Butterfield Road, Suite 900
Downers Grove, Illinois 60515-1050
(Current mailing address)
8. Administration and Consulting
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**
Name: CT Corporation System
Office Address: 1200 S. Pine Island Road
Plantation, Florida, 33324
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X *Jeffrey Terry*
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

SEE ATTACHED LIST

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

SEE ATTACHED LIST

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Harold L. Martin, D.D.S.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Harold L. Martin, D.D.S., President

14.

(Typed or printed name and capacity of person signing application)

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DENTAL HEALTH ADMINISTRATIVE AND CONSULTING SERVICES, INC.

QUESTION 12.

A. DIRECTORS

DIRECTOR: RALPH HENRY BAAHLMAN
ADDRESS: 2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515

DIRECTOR: DOMINIC JOSEPH CATRAMBONE, D.D.S.
ADDRESS: 2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515

DIRECTOR: NORMAN ROBERT DAHL
ADDRESS: 2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515

DIRECTOR: LOUIS K. HOLZMAN, D.D.S.
ADDRESS: 2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515

DIRECTOR: CLYDE WENDELL WILSON, D.D.S.
ADDRESS: 2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515

B. OFFICERS

PRESIDENT: HAROLD LEE MARTIN, D.D.S.
ADDRESS: 2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515

VICE-PRESIDENT: PATRICIA ANN VANCE
ADDRESS: 2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515

SECRETARY: VIRGINIA ELEANOR O'CONNOR

ADDRESS: 2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515

TREASURER: MICHAEL THOMAS LLOYD
ADDRESS: 2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515

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File Number 5100-150-3



To all to whom these Presents Shall Come, Greeting

I, George H. Ryan, Secretary of State of the State of Illinois
do hereby certify that **DENTAL HEALTH ADMINISTRATIVE AND CONSULTING
SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS
OF THIS STATE OCTOBER 8, 1976, APPEARS TO HAVE COMPLIED WITH ALL
THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE
RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE
TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC
CORPORATION IN THE STATE OF ILLINOIS*******



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois this 17TH
day of JANUARY A.D., 19 96

George H. Ryan
SECRETARY OF STATE

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SECRETARY OF STATE
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