

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16 1997 8:00am  
Secretary of State

DOCUMENT # F96000000600 (4)

1. Corporation Name

DENTAL HEALTH ADMINISTRATIVE AND COUNSELING SERVICES, INC.



Principal Place of Business

2001 BUTTERFIELD ROAD, STE 900  
DOWNERS GROVE IL 60515-1050

Mailing Address

2001 BUTTERFIELD ROAD, STE 900  
DOWNERS GROVE IL 60515-1050

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/05/1996

3a. Date of Last Report

N/A

4. FEI Number

36-2894278

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MARTIN, HAROLD L  
STREET ADDRESS 2001 BUTTERFIELD ROAD, STE 900  
CITY-ST-ZIP DOWNERS GROVE IL

☐ DELETE

TITLE V  
NAME VANCE, PATRICIA A  
STREET ADDRESS 2001 BUTTERFIELD ROAD, STE 900  
CITY-ST-ZIP DOWNERS GROVE IL

☐ DELETE

TITLE S  
NAME O'CONNOR, VIRGINIA E  
STREET ADDRESS 2001 BUTTERFIELD ROAD, STE 900  
CITY-ST-ZIP DOWNERS GROVE IL

☐ DELETE

TITLE T  
NAME LLOYD, MICHAEL T  
STREET ADDRESS 2001 BUTTERFIELD ROAD, STE 900  
CITY-ST-ZIP DOWNERS GROVE IL

☐ DELETE

TITLE D  
NAME BAAHLMAN, RALPH H  
STREET ADDRESS 2001 BUTTERFIELD ROAD, STE 900  
CITY-ST-ZIP DOWNERS GROVE IL

☐ DELETE

TITLE D  
NAME CATRAMBONE, DOMINIC J  
STREET ADDRESS 2001 BUTTERFIELD ROAD, STE 900  
CITY-ST-ZIP DOWNERS GROVE IL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

4/7/97

(800) 552-2042

CR2E034 (9/96)