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Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**P
NAME James R. Rhone
STREET ADDRESS 2001 Butterfield Road, Suite 900
CITY-ST-ZIP Downers Grove, IL 60515**

2.1 TITLE ☒ Change ☐ Addition

**V
NAME Michael Berger
STREET ADDRESS 2001 Butterfield Road, Suite 900
CITY-ST-ZIP Downers Grove, IL 60515**

3.1 TITLE ☒ Change ☐ Addition

**S
NAME Patricia Vance
STREET ADDRESS 2001 Butterfield Road, Suite 900
CITY-ST-ZIP Downers Grove, IL 60515**

4.1 TITLE ☐ Change ☐ Addition

**D
NAME Calvin Akal, D.D.S.
STREET ADDRESS 2001 Butterfield Road, Suite 900
CITY-ST-ZIP Downers Grove, IL 60515**

5.1 TITLE ☒ Change ☐ Addition

**D
NAME George Kearns, D.M.D.
STREET ADDRESS 2001 Butterfield Road, Suite 900
CITY-ST-ZIP Downers Grove, IL 60515**

6.1 TITLE ☒ Change ☐ Addition

**D
NAME George Kearns, D.M.D.
STREET ADDRESS 2001 Butterfield Road, Suite 900
CITY-ST-ZIP Downers Grove, IL 60515**

14. 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 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:

James R Rhone President

4-1-98

(800) 552-2042

CR2E034 (10/97)

DENTAL HEALTH ADMINISTRATIVE & CONSULTING SERVICES, INC.

**FLORIDA DEPARTMENT OF STATE
PROFIT CORPORATION ANNUAL REPORT**

LIST OF OFFICERS AND DIRECTORS

**NAME
SOCIAL SECURITY NUMBER
POSITION**

HOME ADDRESS

**JAMES RHONE #
186-34-0269
PRESIDENT & C.E.O.**

**2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515**

**MICHAEL BERGER #
330-40-6814
EXECUTIVE VICE PRES. & C.O.O.**

**2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515**

**MICHAEL LLOYD
233-04-0971
VICE PRESIDENT & TREASURER**

**2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515**

**PATRICIA VANCE
322-44-9078
VICE PRESIDENT & SECRETARY**

**2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515**

**CALVIN C. AKAL, D.D.S. #
354-24-7311
DIRECTOR**

**2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515**

**NORMAN DAHL
353-12-8279
DIRECTOR**

**2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515**

**GEORGE KEARNS #
403-14-0328
DIRECTOR**

**2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515**

**DAVID MCINTIRE #
399-28-9368
DIRECTOR**

**2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515**

**IRWIN ROBINSON #
326-12-0961
DIRECTOR**

**2001 BUTTERFIELD ROAD, SUITE 900
DOWNERS GROVE, IL 60515**