

DOCUMENT # F96000000600

1. Entity Name

DENTAL HEALTH ADMINISTRATIVE AND COUNSELING SERV

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90281 006 ***158.75

Principal Place of Business

809 OGDEN AVE.
LISLE IL 60532

Mailing Address

809 OGDEN AVE.
LISLE IL 60532

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2894278

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 State10. 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 P ☒ DeleteNAME RHONE, JAMES R
STREET ADDRESS 2001 BUTTERFIELD ROAD, STE 900
CITY-ST-ZIP DOWNERS GROVE IL 60515TITLE V ☐ DeleteNAME BERGER, MICHAEL
STREET ADDRESS 2001 BUTTERFIELD ROAD, STE 900
CITY-ST-ZIP DOWNERS GROVE IL 60515TITLE S ☐ DeleteNAME FISHER-GABLE, HAZEL
STREET ADDRESS 2001 BUTTERFIELD ROAD, STE 900
CITY-ST-ZIP DOWNERS GROVE IL 60515TITLE T ☒ DeleteNAME LLOYD, MICHAEL T
STREET ADDRESS 2001 BUTTERFIELD ROAD, STE 900
CITY-ST-ZIP DOWNERS GROVE ILTITLE D ☐ DeleteNAME AKAL, CALVIN D
STREET ADDRESS 2001 BUTTERFIELD ROAD, STE 900
CITY-ST-ZIP DOWNERS GROVE IL 60515TITLE D ☒ DeleteNAME KEARNS, GEORGE D
STREET ADDRESS 2001 BUTTERFIELD ROAD, STE 900
CITY-ST-ZIP DOWNERS GROVE IL 60515TITLE P ☐ Change ☒ AdditionNAME DENNISON, ROBERT E.
STREET ADDRESS 809 OGDEN AVENUE
CITY-ST-ZIP LISLE, IL 60532TITLE ☒ Change ☐ AdditionNAME 809 OGDEN AVENUE
STREET ADDRESS LISLE, IL 60532TITLE ☒ Change ☐ AdditionNAME 809 OGDEN AVENUE
STREET ADDRESS LISLE, IL 60532TITLE CFO ☐ Change ☒ AdditionNAME MANSFIELD, KARLA J.
STREET ADDRESS 809 OGDEN AVENUE
CITY-ST-ZIP LISLE, IL 60532TITLE ☒ Change ☐ AdditionNAME 809 OGDEN AVENUE
STREET ADDRESS LISLE, IL 60532TITLE D ☐ Change ☒ AdditionNAME MONTANEZ, WILLIAM J.
STREET ADDRESS 809 OGDEN AVENUE
CITY-ST-ZIP LISLE, IL 60532

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:

Robert E. Dennison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 2001

Date

(800) 522-2043

Daytime Phone #

CR2E034 (10/00)