

**F96000000600**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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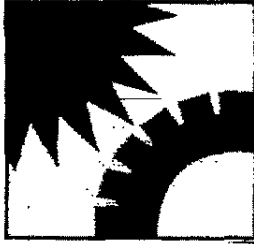


**500036252045**

05/18/04--01028--014 \*\*35.00

**FILED**  
04 MAY 18 AM 8:54  
SECRETARY OF STATE  
TALLAH/SEC.FLORIDA

*Handwritten signature*



**US CorpWorks Inc.**

1638 Pennsylvania St., Denver, CO 80203

p. 303.393.8800 f. 303.393.8900 t: 888.967.5799

[www.uscorpworks.com](http://www.uscorpworks.com)

May 13, 2004

**Via US Mail**

Division of Corporations  
Florida Department of State  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Dental Health Administrative and Consulting Services Inc.

To Whom It May Concern:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

**Change of Registered Agent**

Please call the toll-free number listed above if for any reason, the filing(s) can not be made.

Thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in black ink, reading "Sabrina Tillapaugh". The signature is written in a cursive, flowing style. The first name "Sabrina" is written in a larger, more prominent script, and "Tillapaugh" follows in a similar but slightly smaller script. The signature is positioned above the printed name.

Sabrina Tillapaugh

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Dental Health Administrative and Consulting Services, In.  
(Name of corporation)

DOCUMENT NUMBER: F96000000600

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sabrina Tillapaugh

(Name of person)

US CorpWorks Inc.

(Name of firm/company)

1638 Pennsylvania Street

(Address)

Denver, CO 80203

(City/state and zip code)

For further information concerning this matter, please call:

Sabrina Tillapaugh

(Name of person)

at ( 303 ) 393.8800

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dental Health Administrative and Consulting Services, Inc.
2. The principal office address: 1899 Wynkoop Street, Suite 300, Denver, CO 80202
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/05/1996 Document number: F96000000600

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Brian Braun, CFO

(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

NRAI Services, Inc.

by: 

(Signature of Registered Agent)

April 29, 2004

(Date)

If signing on behalf of an entity:

Michael Mirrione

(Typed or Printed Name)

Assistant Secretary

(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

**FILED**  
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SECRETARY OF STATE