

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90004 008 ***150.00

DOCUMENT # F96000000600

1. Entity Name
**DENTAL HEALTH ADMINISTRATIVE AND CONSULTING
SERVICES, INC.**



Principal Place of Business

**1899 WYNKOOP STREET
300
DENVER, CO 80202**

Mailing Address

**1899 WYNKOOP STREET
SUITE 300
DENVER, CO 80202**

50024757



08012006 No Chg-P CR2E034 (11/05)

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

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
WILLIAMS, ROBERT G
1899 WYNKOOP STREET, SUITE 300
DENVER, CO 80202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
LEVY, MARK A
1899 WYNKOOP STREET, SUITE 300
DENVER, CO 80202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
ASHBY, DAVID
1899 WYNKOOP STREET, SUITE 300
DENVER, CO 80202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
BRAUN, BRIAN Neal R. Ostman
1899 WYNKOOP STREET, SUITE 300
DENVER, CO 80202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/02/06

Date

303.863.0900

Daytime Phone #