

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90005 015 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F97000005201**

1. Corporation Name

**DENTAL HEALTH DEVELOPMENT CORPORATION**

Principal Place of Business

**404 BNA DR  
SUITE 500  
NASHVILLE TN 37217**

Mailing Address

**100 MANSELL COURT EAST  
SUITE 400  
ROSWELL GA 30076**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/03/1997**

4. FEI Number

**58-2339559**

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21 100 Mansell Court East**

Suite, Apt. #, etc.

**22 Suite 400**

City & State

**23 Roswell, GA**

Zip

**24 30076**

Country

**25 USA**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324-4040**

*OWN RELATIONSHIP  
NOT A FIRM*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **HERTIK, PHILIP**  
STREET ADDRESS **404 BNA DRIVE, STE. 500**  
CITY-ST-ZIP **NASHVILLE TN 37217**

TITLE **S** ☐ DELETE  
NAME **MITCHELL, BRUCE**  
STREET ADDRESS **100 MANSELL COURT EAST SUITE 400**  
CITY-ST-ZIP **ROSWELL GA 30076**

TITLE **D** ☐ DELETE  
NAME **RAUNER, BRUCE**  
STREET ADDRESS **6100 SEARS TOWER**  
CITY-ST-ZIP **CHICAGO IL 60606-6402**

TITLE **D** ☐ DELETE  
NAME **EDWARDS, DONALD J**  
STREET ADDRESS **6100 SEARS TOWER**  
CITY-ST-ZIP **CHICAGO IL 60606-6402**

TITLE **D** ☐ DELETE  
NAME **DONNIN, DAVID**  
STREET ADDRESS **6100 SEARS TOWER**  
CITY-ST-ZIP **CHICAGO IL 60606-6402**

TITLE **D** ☐ DELETE  
NAME **NOLAN, JOSEPH**  
STREET ADDRESS **6100 SEARS TOWER**  
CITY-ST-ZIP **CHICAGO IL 60606-6402**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☐ Change ☒ Addition  
1.2 NAME **David, R. Klock**  
1.3 STREET ADDRESS **100 Manesll Court East, Suite 400**  
1.4 CITY-ST-ZIP **Roswell, GA 30076**

2.1 TITLE **See Attached** ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Ramona*  
**Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 1999 (770) 998-8936

Date

Daytime Phone #

CR2E034 (1/198)