2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004
Secretary of State

DOCUMENT# G33704

Entity Name: ORAL HEALTH SERVICES, INC.

Current Principal Place of Business:

100 MANSELL COURT
SUIET 400
ROSWELL, GA 30076

New Principal Place of Business:

Current Mailing Address:

100 MANSELL COURT EAST
SUIET 400
ROSWELL, GA 30076

New Mailing Address:

FEI Number: 59-1958717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KLOCK, PHYLLIS A
Address: 100 MANSELL COURT EAST SUITE 400
City-St-Zip: ROSWELL, GA 30076

Title: SD ( ) Delete
Name: MITCHELL, BRUCE
Address: 100 MANSELL COURT EAST SUITE 400
City-St-Zip: ROSWELL, GA 30076

Title: CCEO ( ) Delete
Name: KLOCK, DAVID R
Address: 100 MANSELL COURT EAST SUITE 400
City-St-Zip: ROSWELL, GA 30076

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROTHROCK, KIRK E
Address: 100 MANSELL COURT EAST SUITE 400
City-St-Zip: ROSWELL, GA 30076

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD ( ) Change (X) Addition
Name: DUNAWAY, GEORGE W
Address: 100 MANSELL COURT EAST, SUITE 400
City-St-Zip: ROSWELL, GA 30076

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE MITCHELL SD 05/05/2004

Electronic Signature of Signing Officer or Director — Date