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ACCOUNT NO. : 072100000032

REFERENCE : 159657 153113A

AUTHORIZATION

COST LIMIT : \$350.00

*Patricia Pugh*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAR -9 AM 11:42

ORDER DATE : March 7, 1999

ORDER TIME : 9:49 AM

ORDER NO. : 159657-050

CUSTOMER NO: 153113A

200002799212--0

CUSTOMER: Ms. Connie Turnipseed  
Fortis Benefits Insurance Co.  
2323 Grand Blvd.

Kansas City, MO 64108-2670

CHANGE OF AGENT

NAME: DENTAL HEALTH ALLIANCE, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Cassandra Lamm

M98-660

Name	<i>[Signature]</i>
Availability	<i>[Signature]</i>
Document	<i>[Signature]</i>
Expiration	<i>[Signature]</i>
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Acknowledgment	<i>[Signature]</i>
W. P. [Signature]	<i>[Signature]</i>

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DIVISION OF CORPORATIONS

Florida Department of State, Sandra B. Mortham, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(PLEASE PRINT)

1a. The name of the limited liability company is: Dental Health Alliance, L.L.C.

1b. The mailing address of the limited liability company is: 462 Seventh Ave., Ste. 1000, New York, NY 10018

1c. Date of filing/registration in Florida: 06/22/98 Document number: M9800000660

2. The name and address of the current registered agent and office:

C T Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

3. The name and address of the new registered agent and office: (P.O. BOX NOT ACCEPTABLE)

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

After the change or changes are made, the street address of the registered office and the business office of the registered agent will be identical.

Such change was authorized by affirmative vote of a majority of the members of the limited liability company or as provided in the articles of organization or the regulations of the limited liability company.

Fortis Benefits Insurance Company

February 24, 1999

(Date)

Bradley C. Johnson  
(Signature of a member or authorized representative of a member)

Bradley C. Johnson, Authorized Representative of Member

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 obligations of my position as registered agent.

By: Margaret A. Pile, Asst. Secretary  
(Signature of Registered Agent)

3/5/99

(Date)

Division of Corporations

FILING FEE: \$35.00

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