


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State


01-27-2004 90019 016 ****50.00

DOCUMENT # M98000000660	
1. Entity Name DENTAL HEALTH ALLIANCE, LLC	

Principal Place of Business 2323 GRAND BLVD. KANSAS CITY, MO 64108	Mailing Address P.O. BOX 410423 KANSAS CITY, MO 64141-0423
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2. Principal Place of Business	3. Mailing Address P.O. Box 419052
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Kansas City, MO 64141-6052
Zip	Country USA



01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number 13-3830846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 - Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORTIS BENEFITS INSURANCE 2323 GRAND BOULEVARD KANSAS CITY, MO 64108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORTIS, INC. ONE CHASE MANHATTAN PLAZA NEW YORK, NY 10005 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Dorothy H. Jensen* Dorothy H. Jensen Authorized Rep. of Member 01/16/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #