2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9800000660

1. Entity Name

DENTAL HEALTH ALLIANCE, LLC



FILED Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90686 037 ****50.00

Mailing Address Page 20 GRAP (RV) P. O BOY 14928 P. O BOY 1492				O WE TH						
Sulfo, Apt. #, etc. City & State Country 2p Country 3, Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAVS STREET TALLAHASSEE FL 32301-2525 8. The above named entity submits this statement for the purpose of changing his registered define or registered agent, or both, in the State of Piorida. Lam Interview with, and accept the obligations of registered agent Make Check Pepalle to Piorida Department of State Diff Engineer Agent spans is equival when ministering in the purpose of changing his registered define or registered agent, or both, in the State of Piorida. Lam Interview with, and accept the obligations of registered agent agent agent and the fizzables. DIFF Engineer Agent spans is equival when ministering. Make Check Pepalle to Piorida Department of State Due By May 1, 2003 9. MARIA MANAGING MEMBERS MANAGERS INC. Supplement Agent spans is equival when ministering. MARIA MERIA MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES OIT-ST-2P MARIA MERIA MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES OIT-ST-2P MARIA MERIA MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES OIT-ST-2P Addition Diese TITLE MARK MARK FORTIS BENEFITS INSURANCE 2012-31-2P Diese TITLE MARK MARK FORTIS CITY MO 84108 TITLE MARK FORTIS CITY MO 84108 TITLE MARK MARK FORTIS CITY MARK	2323 GRAND BLVD.		P.O. BOX 410423		1:111	8011 118 18181 18111 88111 88111 8	8 194 8 8 194 8 8 194		18816 80 16 8 01	
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MAKE Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES Addition			FILE NO	OW!!! FEE IS \$50.	00					
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		ertify that the information supplied with	this filing does not qualify for		n Section 119 07/	3Vi) Florida Statutos 1 fi	irther certifi	that the i	nformation	

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.