2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004
Secretary of State

DOCUMENT# P01000065511

Entity Name: DENTAL HEALTH ASSOCIATES, INC.

Current Principal Place of Business:

20335 OLD CUTLER RD
200
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

20335 OLD CUTLER RD
200
MIAMI, FL 33189

New Mailing Address:

FEI Number: 65-1120835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPELIOS DMD, LOUIS G
20305 OLD CUTLER RD
STE 200
MIAMI, FL 33189 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCMS ( ) Delete
Name: SPELIOS, LOUIS G
Address: 20335 OLD CUTLER RD #200
City-St-Zip: MIAMI, FL 33189

Title: VTD ( ) Delete
Name: SPELIOS, MITCH
Address: 1270 LEGEND RUN
City-St-Zip: ALPHARETTA, GA 30005

Title: AD (X) Delete
Name: MITCHELL, BRUCE A
Address: 100 MANSELL CT EAST #400
City-St-Zip: ROSWELL, GA 33076

Title: D ( ) Delete
Name: ROSS JR DDS, CHARLES L
Address: 20335 OLD CUTLER RD #200
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LOUIS G SPELIOS PRES 02/19/2004

Electronic Signature of Signing Officer or Director — Date