

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000065511

FILED  
Nov 10, 2009  
Secretary of State

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:

5480 MCGINNIS VILLAGE PLACE  
101  
ATLANTA, GA 30005

## 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:

SPELIOS DMD, LOUIS G  
20335 OLD CUTLER RD  
STE 200  
MIAMI, FL 33189 US

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: LOUIS SPELIOS DMD

11/10/2009

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: 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: 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: VTD (X) Change ( ) Addition  
Name: SPELIOS, MITCH  
Address: 5480 MCGINNIS VILLAGE PLACE, 101  
City-St-Zip: ALPHARETTA, GA 30005

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MITCH SPELIOS

VTD

11/10/2009

Electronic Signature of Signing Officer or Director

Date