

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000065511

**FILED**  
**Jun 22, 2011**  
**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 ( )**

**Name and Address of Current Registered Agent:**

SPELIOS DMD, LOUIS G  
20335 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

**OFFICERS AND DIRECTORS:**

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

Title: VTD  
Name: SPELIOS, MITCH  
Address: 5480 MCGINNIS VILLAGE PLACE, 101  
City-St-Zip: ALPHARETTA, GA 30005

I hereby 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 all other like empowered.

SIGNATURE: LOUIS G SPELIOS

DR

06/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date