

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000065511

FILED  
Jan 06, 2003  
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:

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 ( )

## 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 ( ) 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

Title: D (X) Delete  
Name: BETZELOS DDS, STEVE  
Address: 650 A PEACE RD  
City-St-Zip: DE KALB, IL 60115

Title: D (X) Delete  
Name: BERMAN DMD, BEN  
Address: 3721 LYNN RD #120  
City-St-Zip: RALEIGH, NC 27613

## 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:

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, D.M.D.

C

01/06/2003

Electronic Signature of Signing Officer or Director

Date