2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000021047

Entity Name: DENTAL NETWORK, INC.

FILED Jan 08, 2002 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
100 MANSELL COURT EAST SUITE 400 MIAMI, FL 33126					
Current Mailing Address:			New Mailing Address:		
100 MANSELL COURT EAST STE. 400 ROSWELL, GA 30076					
FEI Number: 65-0827688 FEI Number Applied For () FEI Num		nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and	Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 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:					
	Electro	nic Signature of Registered Agent		Date	
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name:	CD (TIE SHUE, HE)Delete NRY C	Title: Name:	CD (X) Change () Addition KLOCK, DAVID R	
Address: City-St-Zip:	5775 BLUE LA MIAMI, FL 33°	GOON DR, STE 400 126	Address: City-St-Zip:	100 MANSELL COURT EAST, SUITE 400 ROSWELL, GA 30076	
Title:	•) Delete	Title:	DP (X) Change () Addition	
Name: Address:	SHAPIRO, STA	ANLEY I AGOON DR, STE 400	Name: Address:	KLOCK, PHYLLIS A 100 MANSELL COURT EAST, SUITE 400	
City-St-Zip:	MIAMI, FL 33		City-St-Zip:	ROSWELL, GA 30076	
Title:) Delete	Title:	DS (X) Change () Addition	
Name: Address:	LEVINE, HOW 5775 BLUE LA	GOON DR, STE 400	Name: Address:	MITCHELL, BRUCE A 100 MANSELL COURT EAST, SUITE 400	
City-St-Zip:	MIAMI, FL 33	126	City-St-Zip:	ROSWELL, GA 30076	
Title:	S (Title:	DT (X) Change () Addition YODER, KEITH J	
Name: Address:	BERMAN, MAR 5775 BLUE LA	GOON DRIVE #400	Name: Address:	100 MANSELL COURT EAST, SUITE 400	
City-St-Zip:	MIAMI, FL 33	126	City-St-Zip:	ROSWELL, GA 30076	
Title:		() Delete	Title:	() Change () Addition	
Name: Address:	GORMAN, MIC 50 KENNEDY		Name: Address:		
City-St-Zip:	PROVIDENCE		City-St-Zip:		
Title:	,	() Delete	Title:	() Change () Addition	
Name: Address:	HILINSKI, SCC 50 KENNEDY		Name: Address:		
City-St-Zip:	PROVIDENCE		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: BRUCE MITCHELL S 01/08/2002