No. C 103484		Due no later than September 30, 2003 Annual Report Form	2. Registered Agent	2. Registered Agent and Office NO PO BOX C T CORPORATION SYSTEM 300 NORTH 6TH STREET BOISE, ID 83701 3. New Registered Agent Signature	
Return to: SECRETARY OF STA	\ L	Mailing Address - Correct in this box if applicable	C T CORPORATI		
700 WEST JEFFERS PO BOX 83720		NA DENTAL HEALTH, INC.	BOISE, ID 83701		
BOISE, ID 83720-008	30 PO E	3OX 189060	3. New Registered A		
NO FILING FEE IF RECEIVED BY DUE D	1	NTATION, FL 33318 9060			
4. Corporations: E	 ∃nter Names ar	d Business Addresses of President, Sec	retary and Directors		
Office held Nan		Street or P.O. Address	City State	<u>Zip</u>	
Secretary Gai Director Dou Director San	il Murphy Ga uelas Evan l	arcia 300 N.W. 82nd Ave. Pla Klinger 300 N.W. 82nd Ave. Pla stover 300 N.W. 82nd Ave. Pla	ntation FL	33324 33324 33324 33324 06002	
5. Organized Under the	Laws of:	6. Signature	Date	8/07/2003	
C 10	3484	Name Printed) Michele I. Haas	Title VP	/Treasurer	