

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009330

FILED
May 01, 2007
Secretary of State

Entity Name: GENTLE DENTAL GROUP OF BOCA RATON, PLLC

Current Principal Place of Business:

2226-W WEST ATLANTIC AVENUE
DELRAY BEACH, FL 33445

New Principal Place of Business:

1200 YAMATO ROAD
SUITE A4
BOCA RATON, FL 33431

Current Mailing Address:

2226-W WEST ATLANTIC AVENUE
DELRAY BEACH, FL 33445

New Mailing Address:

951 BROKEN SOUND PARKWAY
#185
BOCA RATON, FL 33487

FEI Number: 20-2254786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WOOLF, JARED W
2226-W WEST ATLANTIC AVENUE
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

WOOLF, JARED W
951 BROKEN SOUND PARKWAY
#185
BOCA RATON, FL 33487 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: JARED WOOLF

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WOOLF, JARED W
Address: 2226-W WEST ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WOOLF, JARED W
Address: 951 BROKEN SOUND PARKWAY, #185
City-St-Zip: BOCA RATON, FL 33487

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JARED WOOLF

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date