

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069003

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** GENTLE DENTAL GROUP OF COCONUT CREEK, PLLC

**Current Principal Place of Business:**

5463 LYONS ROAD  
BAY C/D  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

951 BROKEN SOUND PARKWAY STE 185  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 26-3005908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLENS, DAVID A  
951 BROKEN SOUND PARKWAY STE 185  
BOCA RATON, FL 33487 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ZIEGLER, NEAL DDS  
**Address:** 951 BROKEN SOUND PARKWAY STE 185  
**City-St-Zip:** BOCA RATON, FL 33487

I hereby 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: NEAL ZIEGLER

MGR

04/27/2012

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