

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060070

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: GENTLE DENTAL GROUP OF NORTH MIAMI BEACH, P.A.

**Current Principal Place of Business:**

850 IVES DAIRY RD  
N MIAMI, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

951 BROKEN SOUND PARKWAY  
#185  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: 65-0847868      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

ZIEGLER, NEAL B  
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: NEAL ZIEGLER      04/30/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: ZIEGLER, NEAL B  
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 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: NEAL ZIEGLER      PD      04/30/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date