

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060070

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

850 IVES DAIRY RD  
SUITE T63  
N MIAMI BEACH, FL 33179 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:**

ZIEGLER, NEAL B  
951 BROKEN SOUND PARKWAY  
#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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ZIEGLER, NEAL B  
Address: 951 BROKEN SOUND PARKWAY, #185  
City-St-Zip: BOCA RATON, FL 33487

I hereby 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 all other like empowered.

SIGNATURE: NEAL ZIEGLER

CDO

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date