

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90109 040 ***150.00

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DOCUMENT # **P98000060070**

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



Principal Place of Business
**850 IVES DAIRY RD
N MIAMI FL 34236
US**

Mailing Address
**1 S. SCHOOL AVENUE
SUITE 1000
SARASOTA FL 34237**



2. Principal Place of Business

3. Mailing Address
2242 W. Atlantic Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
Delray Bch. FL

4. FEI Number
65-0847868

Applied For
 Not Applicable

Zip Country

Zip Country
33445 U.S.A

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOLF, JARED W
1 S. SCHOOL AVE, STE 1000
SARASOTA FL 34237**

Name
Jared W. Woolf
Street Address (P.O. Box Number is Not Acceptable)
2242 W. Atlantic Ave
City
Delray Bch. FL Zip Code
33445

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jared Woolf* **Jared Woolf** DATE **3/23/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	D WOOLF, JARED W
STREET ADDRESS	1 S. SCHOOL AVE, STE 1000
CITY-ST-ZIP	SARASOTA FL 34237
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2242 W. Atlantic Ave
CITY-ST-ZIP	Delray Bch, FL 33445
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jared Woolf* **Jared Woolf** DATE **3/23/03** Daytime Phone # **866-3043**
Signature and typed or printed name of signing officer or director

CR2E034 (10/02)