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.

CDO

SIGNATURE: NEAL B ZIEGLER

2015	FLORIDA	PROFIT	CORPORA	TION A	NUAL	REPORT

DOCUMENT# P98000060070

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

Current Mailing Address:

951 BROKEN SOUND PARKWAY #250 BOCA RATON, FL 33487 US

FEI Number: 65-0847868

Name and Address of Current Registered Agent:

ZIEGLER, NEAL B 951 BROKEN SOUND PARKWAY #250 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	CDO	Title	VP, TREASURER			
Name	ZIEGLER, NEAL B	Name	CRUZ, ANTONIO DR.			
Address	951 BROKEN SOUND PARKWAY, #250	Address	951 BROKEN SOUND PARKWAY #250			
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487			

Certificate of Status Desired: No

02/19/2015

FILED
Feb 19, 2015
Secretary of State
CC3452487653

Electronic Signature of Signing Officer/Director Detail

Date