

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000006453 (1)

1. Corporation Name

GENTLE DENTAL SERVICE CORPORATION



Principal Place of Business

Mailing Address

22800 SAVI RANCH PARKWAY, SUITE 206  
YORBA LINDA CA 92887

22800 SAVI RANCH PARKWAY, SUITE 206  
YORBA LINDA CA 92887

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1997

4. FEI Number

Applied For

~~APPLIED FOR 59-3410497~~

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 222 N. SEPULVEDA BLVD

26 222 N. SEPULVEDA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 740

27 SUITE 740

City & State

City & State

23 EL SEGUNDO, CA

28 EL SEGUNDO, CA

Zip

Country

Zip

Country

24 90245

25 USA

29 90245

30 USA

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOP  
FIORE, MICHAEL T  
22800 SAVI RANCH PKWY, SUITE 206  
YORBA LINDA CA 92887

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CC  
TSE, DANY Y DMD  
900 WASHINGTON STREET SUITE 1100  
VANCOUVER WA 98680

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EV  
VAN EERDEN, L T  
22800 SAVI RANCH PKWY, SUITE 206  
YORBA LINDA CA 92887

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VC  
SADLER, GRANT M  
22800 SAVI RANCH PKWY, SUITE 206  
YORBA LINDA CA 92887

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
HUFFAKER, NORMAN R  
22800 SAVI RANCH PKWY, SUITE 206  
YORBA LINDA CA 92887

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
AARON, GERALD R DDS  
3816 NE CORBIN ROAD  
VANCOUVER WA 98686

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)