

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90029 042 ***150.00

DOCUMENT # F97000006453

1. Corporation Name

GENTLE DENTAL SERVICE CORPORATION

Principal Place of Business

222 N SEPULVEDA BLVD
STE 740
EL SEGUNDO CA 90245
US

Mailing Address

222 N SEPULVEDA BLVD
STE 740
EL SEGUNDO CA 90245
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/08/1997

4. FEI Number

59-3410497

Applied For

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ Addition
222 N. SEPULVEDA BLVD #740
EL SEGUNDO, CA 90245

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CC
TSE, DANY Y DMD
900 WASHINGTON STREET SUITE 1100
VANCOUVER WA 98660

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☒ Change ☐ Addition
900 WASHINGTON STREET #1100
VANCOUVER, WA 98660

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☒ Change ☐ Addition
222 N. SEPULVEDA BLVD. #740
EL SEGUNDO, CA 90245

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☒ Change ☐ Addition
222 N. SEPULVEDA BLVD. #740
EL SEGUNDO, CA 90245

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AARON, GERALD R DDS
3616 NE CORBIN ROAD
VANCOUVER WA 98686

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0553962