## - 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 #	F9700006453
1 Corporation Name	1 01 000000 100

**GENTLE DENTAL SERVICE CORPORATION** 

Principal Place of Business  22 N SERVEYDA BL/D  32 N SERVEYDA BL/D  3. Date incorporated or Qualified  12/08/1997  2. Frincipal Place of Business  2. Mailing Address  2. Scalin, Apt. #, atc.  2. Sudin, Apt. #, atc.  2. Sudin, Apt. #, atc.  2. Sudin, Apt. #, atc.  2. City & State  2. Sudin Apt. #, atc.  3. Date incorporated or Status Desired Status Desired Status Desired Incorporation and access the current year Interplated Incorporation and Address of No. Apt. #, atc.  2. Sudin Apt. #, atc.  3. Sudin Apt. #, atc.									
22 N SEPULVED A BLVD ST 70 EL SEGUNDO CA 80245 EL SEGUNDO CA 90 2445 EL SEGUNDO CA 90 24	Principal Place	e of Business	Mailing Address					Tilly Dillyd insyll bland dill	<b>49</b> (11) (20)
SITE 740 US	·		_	)					
El SCUNDO CA \$245  US  US  US  3. Date incorporated or Qualified  12.108/1997  Applied For  7. Principal Place of Business  23. Mailing Address  4. File humber  5. Sulfa. Apt. #. etc.  5. Sulfa. Apt. #. etc.  5. Sulfa. Apt. #. etc.  5. Crit & State  City & State  23. Date incorporated or Qualified  1. Sulfa. Apt. #. etc.  5. Sulfa. Apt. #. etc.  5. Sulfa. Apt. #. etc.  5. Critical of Status Desired  5. Certificate of Status Desired  Fee Required  Fee Required  Fee Required  Fee Required  Fee Required  Fee Required  Principal Place of Business  City & State  City & State  City & State  City & State  23. Date incorporated or Qualified  1. Sold Park #. etc.  5. Certificate of Status Desired  5. Certificate of Status Desired  5. Certificate of Status Desired  Fee Required  Fee Required  From Registered Agent  1. Repaired Address of Current Registered Agent  1. Repaired Address (F.O. Box Number is Not Acceptable)  1. Repaired Address (F.O. Box Number is Not Acceptable)  1. Repaired Address (F.O. Box Number is Not Acceptable)  1. Repaired Address (F.O. Box Number is Not Acceptable)  1. Repaired Address (F.O. Box Number is Not Acceptable)  1. Repaired Address (F.O. Box Number is Not Acceptable)  1. Repaired Address (F.O. Box Number is Not Acceptable)  1. Repaired Address (F.O. Box Number is Not Acceptable)  1. Repaired Address (F.O. Box Number is Not Acceptable)  1. Repaired Address (F.O. Box Number is Not Acceptable)  1. Repaired Address (F.O. Box Number is Not Acceptable)  1. Repaired Address (F.O. Box Number is Not Acceptable)  1. Repaired Address (F.O. Box Number is Not Acceptable)  1. Repaired Address (F.O. Box Number is Not Acceptable)  1. Repaired Address (F.O. Box Number is Not Acceptable)  1. Repaired Address (F.O			STE 740				DO NOT WRITE IN T	HIS SPACE	
2. Principal Place of Business		CA 90245	• · · · · · · · · · · · · · · · · · ·					113 31 ACL	
2.	05		uə				`		
Suite, Apt. #, etc.	2. Principal P	lace of Business	2a. Mailing Address		_			Appli	ed For
Sulte, Apt. #, etc.	· ·		26				59-3410497	Not A	pplicable
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Zip		e	<b>⊢</b> ′				11	•	- 1
28   28   30   Personal Property Tax.   19		Country		Cour	ntrv				ees
9. Name and Address of Current Registered Agent  NRAI SERMCES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301:  827  828  628  639  640  671 Directory registered Agent Agent Agent Agent Agent Agent Address (P.O. Box Number is Not Acceptable)  830  841  641  652  653  654  657  657  657  657  657  657  657	· ·		<b>⊢</b>		iti y				No
NRAI SERVICES, INC.  526 EAST PARK AVENUE TALLAHASSEE FL 32301  82  Sitreet Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code  64 City  FL 85 Zip Code  65 Zip Code  65 Zip Code  66 Zip Code  71. 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 agent, or both, in the State of Florida. Statutes the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Or both, in the State of Florida. Statutes the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Or both, in the State of Florida. Statutes.  SIGNATURE  10 CEOP  11 TILE  12 CEOP  13 TILE  13 TILE  14 TILE  15 STREET ADDRESS  15 STREET ADDRESS  15 STREET ADDRESS  15 STREET ADDRESS  16 STREET ADDRESS  17 ST.2P  18 STREET ADDRESS  18 STREET ADDRESS  19 OWAS HINDA CA 92887  TILE  19 DELETE  20 DELETE  21 TILE  22 TILLE  22 TILLE  22 TILLE  23 STREET ADDRESS  24 CITY ST.2P  10 DELETE  23 STREET ADDRESS  24 CITY ST.2P  10 DELETE  24 TILLE  25 STREET ADDRESS  26 CITY ST.2P  10 DELETE  27 N. SE PULVEOR BLUE,  28 STREET ADDRESS  28 STREET ADDRESS  28 STREET ADDRESS  28 STREET ADDRESS  29 NAME  21 TILLE  20 DELETE  31 TILLE  32 TILLE  20 DELETE  33	24		. 1 - 1	1901				ed Agent	
Size EAST PARK AVENUE TALLAHASSEE FL 32301   84					81 Na	me			
SZE EAST PARK AVENUE  TALLAHASSEE FL 32301:  84 City  FL 85 ZUp 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 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 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 office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the obligations of Statutes by the corporation's board of directors. I hereby accept the obligations of Statutes by the corporation's board of directors. I hereby accept the obligations of Statutes. I hereby accept th		· ·		ŀ	82 St	eet Addre	ess (P.O. Box Number is Not Acceptable)		
B4   City   FL   B5   Zip Code				L					
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, and familiar with, and accept the obligations of, Section 607, 6005, Florida Statutes.  Signature, typed of provised agent and displayment and title if appointment as registered agent. I am familiar with, and accept the obligations of, Section 607, 6005, Florida Statutes.  Signature, typed of provised agent and title if appointment as registered agent. I am familiar with, and accept the obligations of, Section 607, 6005, Florida Statutes.  Signature, typed of provised agent and title if appointment as registered agent. I am familiar with, and accept the obligations of, Section 607, 6005, Florida Statutes.  Signature, typed of provised agent or obligations of, Section 607, 6005, Florida Statutes.  Signature, typed of provised agent or obligations of, Section 607, 6005, Florida Statutes.  Signature, typed of provised agent or obligations of, Section 607, 6005, Florida Statutes.  Signature, typed of provised agent or obligations of, Section 607, 6005, Florida Statutes.  Signature, typed of provised agent or obligations of, Section 607, 6005, Florida Statutes.  Signature, typed of provised agent or obligations of, Section 607, 6005, Florida Statutes.  Signature, typed of provised agent or obligations of, Section 607, 6005, Florida Statutes.  Signature typed of provised agent or obligations of, Section 607, 6005, Florida Statutes.  Signature typed of provised agent or obligations of, Section 607, 6005, Florida Statutes.  Signature typed or obligations or obligations or obligations or obligations.  In the CEOP	IALL	LAHASSEE FL 32301			83				
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	CITY-ST-ZIP TITLE	22800 SAVI RANCH PKWY, SUI Y <del>ORBA LINDA CA 92887</del> D	TTE 206	5.2 NAJ 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAJ	ME REET ADOI Y-ST-ZIP LE ME	RESS 2)	L SEGUNDO (A 9	BLVD. 5	#7¥o

**VANCOUVER WA 98686** 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 advises, with all other like empowered. 310

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP