

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000006453**

1. Entity Name

GENTLE DENTAL SERVICE CORPORATION**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90088 027 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3410497**

Applied For

Not Applicable

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

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CEOP						
	FIORE, MICHAEL T	222 N SEOLUEDA BLVD #740	EL SEGUNDO CA				
	EV						
	VAN EERDEN, L T	900 WASHINGTON ST #1100	VANCOUVER WA				
	VC						
	SADLER, GRANT M	222 N SEPULVEDA BLVD	EL SEGUNDO CA				
	CFO						
	HUFFAKER, NORMAN R	222 N SEPULVEDA BLVD #740	ELSEGUNDO CA				
	D						
	AARON, GERALD R DDS	3616 NE CORBIN ROAD	VANCOUVER WA 98686				

13. 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 11 or Block 12 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

Grant M. Sadler 4/19/01

Date

Daytime Phone #

CR2E034 (10/00)