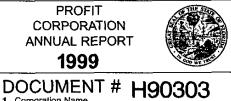
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90165 047 ***150.00

GENTLE	DENTAL OF OCALA, INC.								
Principal Plac	e of Business	Mailing Address				- 1	#1811 B1811 61811 1)	
2206 NE 17TH OCALA FL 344	6600 GATOR CREEK BLVI SARASOTA FL 34241	D							
US US						DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed 12/13/1985			
2. Principal P	Place of Business	2a. Mailing Address	_			4. FEI Number	Ар	plied For	
21		26				59-2609091	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	5. Certifcate of Status Desired	\$8.75 A		
City & Stat	te .	City & State		_		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country	Zip	Coun	try		This corporation owes the current year leading Personal Property Tax.	ntangible	□No	
24	9. Name and Address of Current		1301			10. Name and Address of New Registered			
	3. Haine Bld Address of Culteri	t registered Agent	- 1	B1 Na	ime				
GREGORY, WILLIAM P. 715 SWANN AVE. TAMPA FL 33606				B2 St	reet Addre	Address (P.O. Box Number is Not Acceptable)			
			-	B3					
****	11 7 7 E 00000		['	53					
			Į.	B4 Ci	ty	F	85 Zip (Code	
11. Pursuant office or r agent. I a SIGNATURE	registered agent, or both, in the State on the interest and familiar with, and accept the obligate.	of Florida. Such change was a tions of, Section 607.0505, Fk	authorized orida Statut	by the des.	corporation	ration submits this statement for the purpose on it is board of directors. I hereby accept the app	of changing its pintment as re	registered gistered	
40	Signature, typed or printed name of registered agen			gent sign	ature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DS IN 12	
12.	PST OFFICERS AN	DELETE	13.		- -	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE	1 ' = '								
NAME	BORCHERS, JOHN M. 6600 S GATOR CREEK BLVD		1.2 NAW		aree	•			
STREET ADDRESS				EET ADO	Æ33				
CITY-ST-ZIP	SARASOTA FL 34241	☐ DELETE	2.1 TITL	r-ST-ZIP			Change	Addition	
TITLE	}	□ prrc. E	2.1 IIIL						
NAME	Į.		l l					!	
STREET ADDRESS			1	EET ADDI	(ESS)	e jan ee kom		,	
CITY-ST-ZiP	<u> </u>	☐ DELETE	2.4 CIT 3.1 TITL	Y-ST-ZIP			Change	Addition	
TITLE		() OLLETE	3.1 IIIL				5*		
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STREET ADDRESS			1						
CITY-ST-ZIP TITLE		· DELETE	4.1 TITL	Y-ST-ZIP E			Change	Addition	
NAME	1		4. 2 NA					_	
	ļ			VIE EET ADD	SESS		•		
STREET ADDRESS	1				1.00				
CITY-ST-ZIP TITLE		☐ DÉLETE	4.4 CITS 5.1 TITL	<u>(-ST-ZIP</u>	 		Change	Addition	
		بالمعدد في	5.2 NAN						
NAME STREET ADDRESS				EET ADDF	RESS	•		!	
STREET ADDRESS			1	/-ST-ZIP					
CITY-ST-ZIP		☐ DELETE	6.1 TITL				Change	Addition	

CITY-ST-ZIP in 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information indicated on this annual report of a officer or director of the compraint Block 12 or Block 13 if changed, o

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS