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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

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Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J10979**

(9)

Suite, Ant #, etc. Suite, Apt #, etc. Suite, A	1. Corporation Name GENTLE DENTAL OF CLEARWATER, INC. Principal Place of Business Mailing Address 2045-D GULF TO BAY BLVD. SUITE 300 CLEARWATER FL 34625 CLEARWATER FL 34625-3711												
2. Maining Address 2. Maining Address 3. Feb Number Applied For										· · · · · · · · · · · · · · · · · ·	1		łeport
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City & State 28 29 29 29 20 20 20 20 20 20 20		t #, etc.		├ ¬						5. Certificate of Status Desired		4	
Added to Fees Added to Fee		ate			ity & State					Flection Compaign Financing			
28	23			28					_				
9. Name and Address of Current Registered Agent GREGORY, WILLIAM P. 715 SWANN AVE. TAMPA FL 33608 84 City FL 85 Zip Code 11. Fuscant to the provisions of Sections 607 0502 and 607 1508. Forride Statutes the above named corporation submits this statement for the purpose of changing its register officer or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE System. I pred or prevent name of projected agent and filler applicable. RNOTE Registered Agent Upon to the provisions of Sections 607 0505, Florida Statutes. SIGNATURE System. I pred or prevent name of projected agent and filler applicable. RNOTE Registered Agent Upon to report name of projected agent and filler applicable. RNOTE Registered Address. 12. OFFICERS AND DIRECTORS. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITHE BORCHERS, JOHN M. 12. NAME STREET ADDRESS. CITY ST. 2P BORCHERS, JOHN M. 12. NAME 13. STREET ADDRESS. CITY ST. 2P DELETE 2. TITLE Change Addit Addit MAME 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY ST. 2P TITLE Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Ad		-			ip		Country					_	3. 199.032,
GREGORY, WILLIAM P. 715 SWANN AVE. TAMPA FL 33806 82 Streel Address (P.O. Box Number is Not Acceptable) 83 B4 City FL B5 Zip Code 11. Fursuant to the provisions of Sections 607.0502 and 607.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or provide agent and life if applicable INDITE figured Agent algenture required when reliabling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 11 TITLE Change Addit NAME 12 NAME 12 NAME 12 NAME 12 NAME 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 10 DELETE 31 TITLE Change Addit NAME 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 10 DELETE 31 TITLE Change Addit NAME AS STREET ADDRESS 34 CITY-ST-ZIP THE DELETE A1 TITLE Change Addit NAME A2 NAME A3 STREET ADDRESS CITY-ST-ZIP DELETE A1 TITLE Change Addit NAME A2 NAME A3 STREET ADDRESS CITY-ST-ZIP DELETE A1 TITLE Change Addit NAME A2 NAME A3 STREET ADDRESS CITY-ST-ZIP DELETE A1 TITLE Change Addit NAME A2 NAME A3 STREET ADDRESS CITY-ST-ZIP CHANGES ADDRESS CITY-	24				red Agent	30							
715 SWANN AVE. TAMPA FL 33808 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-marred corporation submits this statement for the purpose of changing its registerer against 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Synthe Liped to provisionary of registered against applicable POFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE MAKE BRICHERS, JOHN M. 12 NAME 13 SIRRET ADDRESS 14 CITY-ST-ZIP THE MAKE 14 CITY BACHERS, JOHN M. 15 SIRRET ADDRESS 2 ACITY-ST-ZIP THE MAKE 12 NAME 22 NAME 23 SIRRET ADDRESS 24 CITY-ST-ZIP THE MAKE 14 SIRRET ADDRESS 25 CITY-ST-ZIP THE MAKE 15 SIRRET ADDRESS 25 CITY-ST-ZIP THE MAKE 16 Change Addit Addit Addit AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit Ad	GRI		- N-1,	- I on the ground	od rigoni		81	Name		IV.		.,,	
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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 agent, or both, in the State of Florida Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE P DELETE 1.1 TITLE NAME BORCHERS, JOHN M. 12 NAME SIREET ADDRESS CITY-S1-ZIP THLE NAME SIREET ADDRESS CITY-S1-ZIP DELETE 2.1 TITLE Change Addit Addit ADDRESS CITY-S1-ZIP DELETE 3.1 TITLE Change Addit ADDRESS CITY-S1-ZIP DELETE 3.1 TITLE Change Addit ADDRESS CITY-S1-ZIP THLE DELETE 3.1 TITLE Change Addit ADDRESS CITY-S1-ZIP THLE ADDRESS CITY-S1-ZIP ADDRE							84	City		,	FI	85 Zip	Code
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14. I do hereby certify that the information supplied with this filling does not dralify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this antiual report or supplemental a mual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the information of the confusation or the provided in the confusation of the confusation or the provided in the confusation of the	14. I do here	eby certify that	the information sup	plied with this	filing does not cha	alify for	the exe	nption st	ated in	Section 119.07(3)(i), Florida Statu	tes. I furthe	or certify that	the