

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J54208

FILED
Feb 14, 2006
Secretary of State

Entity Name: GENTLE DENTISTRY, ANGELA T. RASMUSSEN, D.D.S., P.A.

Current Principal Place of Business:

3500 E. FLETCHER AVE., STE. 221
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

3500 E. FLETCHER AVE., STE. 221
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-2767668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, LESLIE J.
601 BAYSHORE BLVD., SUITE 700
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RASMUSSEN, ANGELA T.,
Address: 3500 E. FLETCHER AVE., STE. 221
City-St-Zip: TAMPA, FL 33613

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: QUEEN, ALICE Y MRS.
Address: 3500 EAST FLETCHER AVENUE, STE 221
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE Y. QUEEN

MGR

02/14/2006

Electronic Signature of Signing Officer or Director

Date