2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# J54208

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:

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

Current Mailing Address:

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

New Mailing Address:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ANGELA T. RASMUSSEN, DDS DP 02/20/2009

Electronic Signature of Signing Officer or Director — Date