

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L01883

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** GENTLE DENTAL ORTHODONTICS, INC.

**Current Principal Place of Business:**

1608 S. TUTTLE AVE.  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

**Current Mailing Address:**

1528 S. TUTTLE AVE.  
SARASOTA, FL 34239 US

**New Mailing Address:**

**FEI Number:** 65-0149312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREGORY, WILLIAM P.  
715 SWANN AVE.  
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:** P  
**Name:** BORCHERS, JOHN M.  
**Address:** 6600 S GATOR CREEK BLVD  
**City-St-Zip:** SARASOTA, FL 34241

**Title:** P  
**Name:** SAVICK, DEBORAH J  
**Address:** 6600 GATOR CREEK BLVD.  
**City-St-Zip:** SARASOTA, FL 34241

**Title:** SEC  
**Name:** BORCHERS, MARY C  
**Address:** 6600 GATOR CREEK BLVD.  
**City-St-Zip:** SARASOTA, FL 34241

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN M. BORCHERS

P

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date