

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000061334

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** GENTLE DENTAL GROUP OF WEST PALM BEACH FOREST HILL, PLLC

**Current Principal Place of Business:**

951 BROKEN SOUND PKWY NW STE 185  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

951 BROKEN SOUND PKWY NW STE 185  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 27-2808171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLENS, DAVID  
951 BROKEN SOUND PKWY NW STE 185  
BOCA RATON, FL 33487 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ZIEGLER, NEAL DDS  
**Address:** 951 BROKEN SOUND PKWY NW STE 185  
**City-St-Zip:** BOCA RATON, FL 33487

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NEAL ZIEGLER

CDO

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date