

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000038348

FILED
Apr 12, 2007
Secretary of State

Entity Name: GENTLE DENTAL GROUP OF W. PALM BEACH MILITARY TRAIL, P.A.

Current Principal Place of Business:

1857 N. MILITARY TRAIL
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2226-W WEST ATLANTIC AVE.
DELRAY BEACH, FL 33445

New Mailing Address:

951 BROKEN SOUND PARKWAY
SUITE 185
BOCA RATON, FL 33487

FEI Number: 65-0999613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLF, JARED W
2226-W WEST ATLANTIC AVE.
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

WOOLF, JARED W
951 BROKEN SOUND PARKWAY
SUITE 185
BOCA RATON, FL 33487 US

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:

04/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOOLF, JARED W
Address: 2226-W WEST ATLANTIC AVE.
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOOLF, JARED W
Address: 951 BROKEN SOUND PARKWAY, SUITE 185
City-St-Zip: BOCA RATON, FL 33487

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: JARED WOOLF

D

04/12/2007

Electronic Signature of Signing Officer or Director

Date