

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90054 049 ***550.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000102444		Aug 20, 2002 8:00 am Secretary of State 08-26-2002 90054 049 ***550.00	
1. Entity Name GENTLE MEDICINE ASSOCIATES, INC.			
Principal Place of Business 1260 SOUTH FEDERAL HIGHWAY SUITE 202 BOYNTON BEACH FL 33435		Mailing Address 1260 SOUTH FEDERAL HIGHWAY SUITE 202 BOYNTON BEACH FL 33435	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1051594		Applied For Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VACHON-BATAILLE, REGINE 1260 S. FEDERAL HIGHWAY, STE. 202 BOYNTON BEACH FL 33435		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BATAILLE, REGINE V 1260 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Small Charles

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