

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000113352

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** GENTLE CARE DENTISTRY, INC.

**Current Principal Place of Business:**

400 E MERRITT AVENUE  
B  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

400 E MERRITT AVENUE  
B  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

**FEI Number:** 55-0802711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHURCH, CHARLES W DDS  
1303 HOLIDAY BLVD.  
MERRITT ISLAND, FL 32952 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CHURCH, CHARLES W DDS  
Address: 1303 HOLIDAY BLVD.  
City-St-Zip: MERRITT ISLAND, FL 32952

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: CHARLES W CHURCH

PD

02/08/2012

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

\_\_\_\_\_  
Date