

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164230

FILED
May 02, 2005
Secretary of State

Entity Name: GENTLE CARE DENTISTRY OF TAMPA, P.A.

Current Principal Place of Business:

10317 A CROSS CREEK BLVD
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

6325 JACQUELINE ARBOR DR
TEMPLE TERRACE, FL 33617

New Mailing Address:

10317 A CROSS CREEK BLVD.
TAMPA, FL 33647

FEI Number: 20-1970368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRUMMOND, TEMPLE H
6325 JACQUELINE ARBOR DR
TEMPLE TERRACE, FL 33617 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRANKFURTH, THOMAS A
Address: 10317 A CROSS CREEK BLVD
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: FRANKFURTH, THOMAS J
Address: 10317 A CROSS CREEK BLVD
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS J. FRANKFURTH, DDS

DR

05/02/2005

Electronic Signature of Signing Officer or Director

Date