

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000042644

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** GENTLE BREEZE FAMILY DENTISTRY, PA

**Current Principal Place of Business:**

6880 W COUNTY HIGHWAY 30A  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

492 W. HARBORVIEW RD  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

**FEI Number:** 26-2501929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORR, JAMES E  
492 W. HARBORVIEW RD  
SANTA ROSA BEACH, FL 32459 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: P, D  
Name: ORR, TANYA  
Address: 492 W. HARBORVIEW RD  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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: TANYA ORR

DDS

03/11/2011

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

\_\_\_\_\_  
Date