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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 06 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013095 (2)

GENTLE DENTAL OF MANATEE, INC.

Principal Place of Business Mailing Address 3611-1ST ST EAST 3611-1ST ST E #650 DO NOT WRITE IN THIS SPACE **BRADENTON FL \$4208 BRADENTON FL 34208** 3. Date Incorporated or Qualified 02/14/1994 2. Principal Place of Business 4. FEI Number Applied For Gator Creek Blot. 21 Not Applicable 65-0475733 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State ⊆itv & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WILLIAM P. GREGORY, P.A. 715 SWANN AVENUE Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printing name of registered agent and title if applicable (NO1): Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 TITLE NAME GREGORY, WILLIAM P 1.2 NAME 715 SWANN AVENUE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33606** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 T(T) F BORCHERS, JOHN M. NAME 2.2 NAME 3. bator Creek Blud. STREET ADDRESS 1608 S TUTTLE AVE. 2.3 STREET ADDRESS **BARASOTA FL** 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information indicated on this annual report loos not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of its true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in