2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State
04-04-2003 90109 028 ***150.00

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DOCUMENT # P98000060064

1. Entity Name
GENTLE DENTAL GROUP OF BELLE GLADE, P.A.

Principal Place of Business	Mailing Address
427 SE 2ND ST. BELLE GLADE FL 33430 US	1 S. SCHOOL AVENUE SUITE 1000 SARASOTA FL 34237 US

2. Principal Place of Business	3. Mailing Address
	2242 W. Atlantic Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Delray Bch. FL
Zip / Country	Zip: 33445 / Country: U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0847875 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOOLF, JARED DDS 1 S. SCHOOL AVE, STE 1000 SARASOTA FL 34237	Name: Jared W. Woolf Street Address (P.O. Box Number is Not Acceptable): 2242 W. Atlantic Ave City: Delray Bch FL Zip Code 33445

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] Jared Woolf 3/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOLF, JARED 1 S. SCHOOL AVE, STE 1000 SARASOTA FL 34237 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2242 W. Atlantic Ave Delray Bch, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] Jared Woolf 3/23/03 561 866-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)