

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90176 031 ***150.00

DOCUMENT # P98000088952

1. Entity Name

GENTLE DENTAL GROUP OF DELRAY BEACH, P.A.



Principal Place of Business
**1555 SOUTH CONGRESS AVENUE
DELRAY BEACH FL 33445**

Mailing Address
**1 S SCHOOL AVENUE, SUITE 1000
SARASOTA FL 34237**

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

Country

33445

4. FEI Number

59-3538177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORONA, DENNIS A
1 S. SCHOOL AVE, STE 1000
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **CORONA, DENNIS A**
STREET ADDRESS **1 S. SCHOOL AVE, STE 1000**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **WOOLF, JARED W.**
STREET ADDRESS **2242 W. Atlantic Ave**
CITY-ST-ZIP **Delray Bch., FL 33445**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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] **Jared Woolf**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/03

Date

813-866 7040

Daytime Phone #

CR2E034 (10/02)