

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000088952

**Entity Name:** GENTLE DENTAL GROUP OF WEST DELRAY, P.A.

**Current Principal Place of Business:**

13722 JOG RD  
SUITE B  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

951 BROKEN SOUND PARKWAY  
#250  
BOCA RATON, FL 33487 US

**FEI Number:** 59-3538177

**Certificate of Status Desired:** No

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

ZIEGLER, NEAL B  
951 BROKEN SOUND PARKWAY  
#250  
BOCA RATON, FL 33487 US

*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

**Officer/Director Detail :**

Title CDO  
Name ZIEGLER, NEAL B  
Address 951 BROKEN SOUND PARKWAY  
SUITE 250  
City-State-Zip: BOCA RATON FL 33487

Title VP, TREASURER  
Name CRUZ, ANTONIO DR.  
Address 951 BROKEN SOUND PARKWAY  
#250  
City-State-Zip: BOCA RATON FL 33487

*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:** NEAL B ZIEGLER

CDO

02/19/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date