

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 516010	
1. Entity Name ENDODONTIC ASSOCIATES OF BREVARD, P.A.	

Principal Place of Business 1980 N. ATLANTIC AVE SUITE 905 COCOA BEACH, FL 32931	Mailing Address 1980 N. ATLANTIC AVE SUITE 905 COCOA BEACH, FL 32931
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DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1694816	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KANCILIA, JOHN R 1686 W. HIBISCUS BLVD SUITE 905 MELBOURNE, FL 32901	DO NOT WRITE IN THIS SPACE
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV SCHIFF, BRAD L. 472 LANTERN BACK ISLANDDR. SATELLITE BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIMONS, JAVIER 829 OAK PARK DR. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/05-80105-005 150.00**DO NOT WRITE
IN THIS SPACE**

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 recipient or trustee empowered to prosecute 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 duties like empowered.

SIGNATURE: _____
(Signature, typed or printed name of signing officer or director)

04-27-05 (321) 299-9721
Date Daytime Phone #