

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000067616

FILED
Feb 27, 2006
Secretary of State

Entity Name: ENDODONTICS AND PERIODONTICS ASSOCIATES, P.A.

Current Principal Place of Business:

5420 WEBB RD, SUITE D-2
TAMPA, FL 33615

New Principal Place of Business:

4244 W. LINEBAUGH
TAMPA, FL 33624

Current Mailing Address:

5420 WEBB RD, SUITE D-2
TAMPA, FL 33615

New Mailing Address:

4244 W. LINEBAUGH
TAMPA, FL 33624

FEI Number: 59-3345302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, ALBERTO A
5420 WEBB RD, SUITE D-2
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

RUIZ, ALBERTO A
4244 W. LINEBAUGH
TAMPA, FL 33624 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: ALBERTO A. RUIZ DMD

02/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUIZ, ALBERTO A DMD
Address: 18201 PATTERSON RD
City-St-Zip: ODESSA, FL 33615

Title: D () Delete
Name: TORRES, MARIA C DMD
Address: 18201 PATTERSON RD
City-St-Zip: ODESSA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RUIZ, ALBERTO A DMD
Address: 18201 PATTERSON RD
City-St-Zip: ODESSA, FL 33556

Title: D (X) Change () Addition
Name: TORRES, MARIA C DMD
Address: 18201 PATTERSON RD
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALBERTO A. RUIZ DMD

PRES

02/27/2006

Electronic Signature of Signing Officer or Director

Date