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: ALBERTO A. RUIZ DMD

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P95000067616

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

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

4244 W. LINEBAUGH TAMPA, FL 33624

Current Mailing Address:

4244 W. LINEBAUGH TAMPA FL 33624

FEI Number: 59-3345302

Name and Address of Current 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	D	Title	D
Name	RUIZ, ALBERTO ADMD	Name	TORRES, MARIA CDMD
Address	18201 PATTERSON RD	Address	18201 PATTERSON RD
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	ODESSA FL 33556

PRESIDENT

02/11/2015

FILED Feb 11, 2015 Secretary of State CC5622518389

Date

Certificate of Status Desired: No

Date