

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000005256

**Entity Name:** WELLS ENDODONTICS, P.L.

**Current Principal Place of Business:**

3757 MARYWEATHER LN  
STE 101  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

3757 MARYWEATHER LN  
STE 101  
WESLEY CHAPEL, FL 33544

**FEI Number:** 20-8262847

**Certificate of Status Desired:** No

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

SICKLES, ROBERT EESQ.  
HINSHAW & CULBERTSON  
100 S ASHLEY DRIVE STE 500  
TAMPA, FL 33602 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

**Authorized Person(s) Detail :**

Title MGR  
Name WELLS, BRIAN T  
Address 3757 MARYWEATHER LANE  
City-State-Zip: WESLEY CHAPEL FL 33544

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN T WELLS

**MANAGER**

**03/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date