

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000100334

Entity Name: ENDODONTIC PARTNERS OF FLORIDA, PL

Current Principal Place of Business:

5211 SOUTH FLETCHER AVENUE
SUITE 230
FERNANDINA BEACH, FL 32034

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255-1260

FEI Number: 27-3519899

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANSBACHER & SCHNEIDER, P.A.
5150 BELFORT RD.
BLDG 1000
JACKSONVILLE, FL 32256 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 MGRM
Name BOWDEN, JEFFREY WD.D.S.
Address 5211 SOUTH FLETCHER AVENUE
City-State-Zip: FERNANDINA BEACH FL 32034

Title MGRM
Name BRITTO, LEANDRO RD.D.S.
Address 5211 SOUTH FLETCHER AVENUE
City-State-Zip: FERNANDINA BEACH FL 32034

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY W BOWDEN

CEO

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date