

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000110200

Entity Name: EDGEWATER ENDODONTICS, LLC

Current Principal Place of Business:

5305 SPRING HILL DRIVE
SPRING HILL, FL 34606

Current Mailing Address:

5305 SPRING HILL DRIVE
SPRING HILL, FL 34606 US

FEI Number: 27-3756485

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAUR, SCOTT
5305 SPRING HILL DRIVE
SPRING HILL, FL 34606 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 BAUR, SCOTT
Address 5305 SPRING HILL DRIVE
City-State-Zip: SPRING HILL FL 34606

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: SCOTT T. BAUR

OWNDER

01/14/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date