

**2015 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:** Yes

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

**SIGNATURE:** SCOTT T BAUR

OWNER

01/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date