

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 516010

FILED  
Jan 28, 2010  
Secretary of State

**Entity Name:** ENDODONTIC ASSOCIATES OF BREVARD, P.A.

**Current Principal Place of Business:**

1980 N. ATLANTIC AVE  
SUITE 905  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

1980 N. ATLANTIC AVE  
SUITE 905  
COCOA BEACH, FL 32931

**New Mailing Address:**

**FEI Number:** 59-1694816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KANCILIA, JOHN R  
1795 WEST NASA BLVD  
MELBOURNE, FL 32901 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PV  
**Name:** SCHIFF, BRAD L.  
**Address:** 472 LANTERN BACK ISLAND DR.  
**City-St-Zip:** SATELLITE BCH, FL 32937 US

**Title:** ST  
**Name:** SIMONS, JAVIER  
**Address:** 829 OAK PARK DR.  
**City-St-Zip:** MELBOURNE, FL 32940 US

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:** BRAD L SCHIFF

PV

01/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date