


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 A
Secretary of State

DOCUMENT # 717350 1. Entity Name FLORIDA SOCIETY OF ENDODONTICS, INC.		
Principal Place of Business 11655 SW 21ST PL DAVIE, FL 33325 US		Mailing Address 11655 SW 21ST PL DAVIE, FL 33325 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KAPLAN, FRED 11655 SW 21ST PL DAVIE, FL 33325		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHIFF, BRADLEY 1980 N ATLANTIC AVE STE 905 COCOA BEACH, FL 32931	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KEOUGH, LEE ANNE 2701 SW 34TH ST OCALA, FL 344744471	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KAPLAN, FRED 11655 SW 21ST PL DAVIE, FL 33325	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Frederic E. Kaplan</u> <u>Frederic E. Kaplan</u> 1/7/06 954-444-9660 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2598993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/10/06-BDD12-DD2 150.00

**DO NOT WRITE
IN THIS SPACE**