


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90084 005 ****50.00

DOCUMENT # L03000055443

1. Entity Name
LIMITED TO ENDODONTICS, L.L.C.



Principal Place of Business Mailing Address

225 SOUTH WESTMONTE DRIVE, SUITE 2070 **225 SOUTH WESTMONTE DRIVE, SUITE 2070**
ALTAMONTE SPRINGS, FL 32803 **ALTAMONTE SPRINGS, FL 32803**

DO NOT WRITE IN THIS SPACE



04202005 No Chg-LLC CR2E083 (10/03)

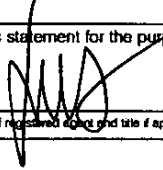
4. FEI Number 20-0514896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M *Jose F. Costas DMD MS*
430 NORTH MILLS AVENUE *225 S. Westmonte Dr. Suite 2070*
ORLANDO, FL 32803 *Altamonte Springs FL 32714*

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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:  *Jose F. Costas* *4/26/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

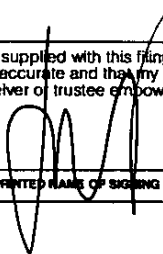
Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSTAS, JOSE F DMD, MS 225 SOUTH WESTMONTE DRIVE, SUITE 2070 ALTAMONTE SPRINGS, FL 32803 714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARLEY, MICHAEL DMD, MS 225 SOUTH WESTMONTE DRIVE, SUITE 2070 ALTAMONTE SPRINGS, FL 32803 714
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:  *Jose F. Costas* *4/26/05* *407-682-6474*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #