

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055443

FILED
Apr 27, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-0514896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTAS, JOSE F DHD MS
225 S WESTMONTE DR
STE 2010
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

COSTAS, JOSE F DMD MS
225 S WESTMONTE DR
STE 2010
ALTAMONTE SPRINGS, FL 32714 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: JOSE F COSTAS

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COSTAS, JOSE F DMD, MS
Address: 225 SOUTH WESTMONTE DRIVE, SUITE 2070
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR () Delete
Name: VARLEY, MICHAEL DMD, MS
Address: 225 SOUTH WESTMONTE DRIVE, SUITE 2070
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JOSE F COSTAS

MGR

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date