

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055443

FILED  
May 01, 2008  
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:**

225 SOUTH WESTMONTE DRIVE, SUITE 2070  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

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

**New Mailing Address:**

225 SOUTH WESTMONTE DRIVE, SUITE 2070  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-0514896      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

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

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

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

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

05/01/2008

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