

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055443

**FILED**  
**Mar 04, 2009**  
**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 32714

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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 DMD MS  
225 S WESTMONTE DR  
STE 2010  
ALTAMONTE SPRINGS, FL 32714 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

**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

03/04/2009

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