

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055443

FILED
Apr 20, 2010
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
Name: COSTAS, JOSE F DMD, MS
Address: 225 SOUTH WESTMONTE DRIVE, SUITE 2070
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

I hereby 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

04/20/2010

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