

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055443

FILED
Feb 11, 2011
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:

225 SOUTH WESTMONTE DRIVE
SUITE 2070
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

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

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 ()

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, DMD MS

MGR

02/11/2011

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