

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000007174

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** WINTER SPRINGS ENDODONTICS LLC

**Current Principal Place of Business:**

5738 CANTON COVE  
SUITE 100  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

5738 CANTON COVE  
SUITE 100  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

**FEI Number:** 20-4172029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOURIA, MICHAEL D  
5738 CANTON COVE  
SUITE 100  
WINTER SPRINGS, FL 32708 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:** LOURIA, MICHAEL D  
**Address:** 5738 CANTON COVE SUITE 100  
**City-St-Zip:** WINTER SPRINGS, FL 32708

**Title:** MGR  
**Name:** LOURIA, DINORAH J  
**Address:** 5738 CANTON COVE SUITE 100  
**City-St-Zip:** WINTER SPRINGS, FL 32708

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:** MICHAEL D. LOURIA

MGD

01/05/2011

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