

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000116049

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** ENDODONTIC SPECIALTY SERVICES, LLC

**Current Principal Place of Business:**

7800 S.W. 87TH AVENUE, SUITE A-150  
MIAMI, FL 33173

**New Principal Place of Business:**

7800 S.W. 87TH AVENUE  
SUITE A-150  
MIAMI, FL 33173

**Current Mailing Address:**

7800 S.W. 87TH AVENUE, SUITE A-150  
MIAMI, FL 33173

**New Mailing Address:**

7800 S.W. 87TH AVENUE  
SUITE A-150  
MIAMI, FL 33173

**FEI Number:** 90-0531488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 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:** MGRM  
**Name:** ENDODONTIC SPECIALTY SERVICES, P.A.  
**Address:** 7800 S.W. 87TH AVENUE, SUITE A-150  
**City-St-Zip:** MIAMI, FL 33173

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: ENDODONTIC SPECIALTY SERVICES, PA

MGRM

03/08/2010

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