
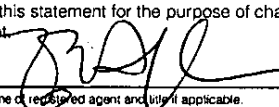



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90011 048 ***150.00

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|--|--|--|---|---|--|
| DOCUMENT # P00000052912 1. Entity Name ENDODONTICS UNLIMITED, PA | | | |  | |
| Principal Place of Business 4410 SHERIDAN STREET HOLLYWOOD, FL 33021 | | | Mailing Address 4410 SHERIDAN STREET HOLLYWOOD, FL 33021 | | |
| 2. Principal Place of Business 4000 Sheridan Street Suite, Apt. #, etc. Suite B City & State Hollywood FL Zip 33021 | | 3. Mailing Address 4000 Sheridan Street Suite, Apt. #, etc. Suite B City & State Hollywood FL Zip 33021 | | 01212006 Chg-P CR2E034 (11/05) | |
| Country USA | | Country USA | | 4. FEI Number 65-1013748 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SLINGBAUM, JOEL 4410 SHERIDAN STREET HOLLYWOOD, FL 33021 | | | 7. Name and Address of New Registered Agent Name Joel Slingbaum Street Address (P.O. Box Number is Not Acceptable) 4000 Sheridan Street Suite B City Hollywood FL Zip Code 33021 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  DATE 1-30-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SLINGBAUM, JOEL B 4410 SHERIDAN STREET HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Joel B. Slingbaum 4000 Sheridan Street Suite B Hollywood FL 33021 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  DATE 1-30-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |