



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000068601		
1. Entity Name SOUTHWEST ENDODONTICS, INC.		
Principal Place of Business 13650 METROPOLIS AVE STE 106 FORT MYERS, FL 33912 US		Mailing Address 13650 METROPOLIS AVE STE 106 FORT MYERS, FL 33912 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ARNO, ANDREW P 115 HICKORY STREET STE 202 WEST MELBOURNE, FL 32904		DO NOT WRITE IN THIS SPACE
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		7. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		1100000507077 04/27/06-80048-009 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV FUENTES-PEREZ, GUSTAVO E 18163 CUTLASS DRIVE FORT MYERS BEACH, FL 33931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BRYAN-FUENTES, MARIA L 18163 CUTLASS DRIVE FORT MYERS BEACH, FL 33931	
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DO NOT WRITE IN THIS SPACE		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-11-06 Daytime Phone # 239-561-3636