

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000007737

FILED
Apr 26, 2005
Secretary of State

Entity Name: ENDODONTIC SPECIALTY GROUP, P.A.

Current Principal Place of Business:

ONE S.W. 120TH AVENUE., SUITE 403
PEMBROKE PINES, FL 33027

New Principal Place of Business:

ONE S.W. 129TH AVENUE.,
402
PEMBROKE PINES, FL 33027

Current Mailing Address:

ONE S.W. 120TH AVENUE., SUITE 403
PEMBROKE PINES, FL 33027

New Mailing Address:

ONE S.W. 129TH AVENUE.
402
PEMBROKE PINES, FL 33027

FEI Number: 01-0576412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISINGER, DENNIS J ESQ
4000 HOLLYWOOD BOULEVARD., SUITE 265-S
HOLLYWOOD, FL 33021 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARKINS, WILLIAM E
Address: ONE S.W. 120TH AVENUE., SUITE 402
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D () Delete
Name: KIRSH, EDWARD R
Address: ONE S.W. 120TH AVENUE., SUITE 402
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARKINS, WILLIAM E
Address: ONE S.W. 129TH AVENUE., SUITE 402
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D (X) Change () Addition
Name: KIRSH, EDWARD R
Address: ONE S.W. 129TH AVENUE., SUITE 402
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM BARKINS

D

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date