

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000040373

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** LAKE MARY ENDODONTICS, P.A.

**Current Principal Place of Business:**

440 SAINT CHARLES CT  
STE 1000  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

440 SAINT CHARLES CT  
STE 1000  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 20-0862487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAISSIE, TRAVIS  
1513 EDENHALL PT  
HEATHROW, FL 32746 US

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

CAISSIE, TRAVIS  
440 ST. CHARLES CT  
STE 1000  
LAKE MARY, FL 32746 US

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:** TRAVIS CAISSIE

04/29/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CAISSIE, TRAVIS E DDS  
**Address:** 440 ST. CHARLES CT  
**City-St-Zip:** LAKE MARY, FL 32746

**Title:** D  
**Name:** CAISSIE, LEE  
**Address:** 440 ST. CHARLES CT  
**City-St-Zip:** LAKE MARY, FL 32746

I hereby 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 all other like empowered.

**SIGNATURE:** LEE CAISSIE

D

04/29/2010

Electronic Signature of Signing Officer or Director

Date