

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045231

FILED
Apr 08, 2012
Secretary of State

Entity Name: ENDODONTIC SPECIALISTS OF ST. LUCIE, INC.

Current Principal Place of Business:

266 N.W. PEACOCK BLVD.
SUITE 103
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

266 N.W. PEACOCK BLVD
SUITE 103
PORT ST. LUCIE, FL 34986

New Mailing Address:

266 N.W. PEACOCK BLVD.
SUITE 103
PORT ST. LUCIE, FL 34986

FEI Number: 33-1215597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORSANI, JUSSARA M
266 N.W. PEACOCK BLVD.
SUITE 103
PORT ST. LUCIE, FL 34986 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

OFFICERS AND DIRECTORS:

Title: P
Name: MORSANI, JUSSARA M
Address: 266 N.W. PEACOCK BLVD.SUITE 103
City-St-Zip: PORT ST. LUCIE, FL 34986

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: JUSSARA M MORSANI

P

04/08/2012

Electronic Signature of Signing Officer or Director

Date