

**2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000091494

**FILED  
May 23, 2011  
Secretary of State**

**Entity Name:** ORLANDO ENDODONTIC SPECIALISTS-EAST, P.A.

**Current Principal Place of Business:**

610 N. MILLS AVE.  
STE. 210  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

12301 LAKE UNDERHILL RD, STE 104  
ORLANDO, FL 32828 US

**Current Mailing Address:**

610 N. MILLS AVE.  
STE. 210  
ORLANDO, FL 32803 US

**New Mailing Address:**

**FEI Number:** 27-1271609      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TEMPLE, TIMOTHY J  
610 N. MILLS AVE.  
STE. 210  
ORLANDO, FL 32803 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, D  
**Name:** TEMPLE, TIMOTHY J  
**Address:** 610 N. MILLS AVE. STE. 210  
**City-St-Zip:** ORLANDO, FL 32803

**Title:** SH  
**Name:** ISLER, AARON  
**Address:** 610 N. MILLS AVE. STE. 210  
**City-St-Zip:** ORLANDO, FL 32803

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: TIMOTHY TEMPLE

P

05/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date