

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000028250

FILED  
Jan 16, 2012  
Secretary of State

**Entity Name:** LIMITED TO ENDODONTICS-SOUTHWEST, P.A.

**Current Principal Place of Business:**

3440 TAMIAMI TRAIL  
UNIT 3  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

3440 TAMIAMI TRAIL  
UNIT 3  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

**FEI Number:** 65-0404100      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SIDDIQI, DENNIS DR.  
3440 TAMIAMI TRAIL,  
UNIT 3  
PORT CHARLOTTE, FL 33952 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: DR.  
Name: MCGRADY, WILLIAM D  
Address: 3440 TAMIAMI TRAIL , UNIT 3  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: DR.  
Name: CAMMARATO, III, VINCENT T  
Address: 3440 TAMIAMI TRAIL, UNIT 3  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DR.  
Name: SIDDIQI, DENNIS  
Address: 3440 TAMIAMI TRAIL, UNIT 3  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: DENNIS SIDDIQI

DR

01/16/2012

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

\_\_\_\_\_ Date