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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P93000043517

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90243 001 ***150.00

	TO ENDODONTICS, P.A.							
Principal Place	e of Business	Mailing Address				- 1 (80)(84) (10 (8) 00 (10) 00 (10) 00 (10)	#111 #1888 1481 #1	INI JINIL INNI INNI
225 SOUTH WE	ESTMONTE DRIVE	225 SOUTH WESTMONT	E DRIVE					
STE 2070 STE 2070						DO NOT WOITE IN T	LIE CDACE	
ALTAMONTE SPRINGS FL 32714-4218 ALTAMONTE SPRINGS FL 32			L 32714-42	<u>?714-4218</u>		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
		20 Mailing Address				06/15/1993 4. FEI Number	1	Applied For
	lace of Business	2a. Mailing Address				59-3188810	├	Not Applicable
21 Suite Ant	# 610	Suite, Apt. #, etc.			·	39 3 1000 10		Additional
Suite, Apt.	#, etc.	27				5. Certifcate of Status Desired		Required
City & State		City & State				6. Election Campaign Financing	\$5.0	0 May Be
23	-	28				Trust Fund Contribution	•	d to Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	🔀 Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Register	ed Agent	
				81 N	ame			
	STAS, JOSE F DR.			82 St	reet Addre	ess (P.O. Box Number is Not Acceptable)		
	SOUTH WESTMONTE DRIVE			02 3	ileet Addie	Address (P.O. box number is not Acceptable)		
- · -	2070			83				
ALTA	AMONTE SPRINGS FL 32714			04			0E 7i	p Code
				84 Ci	ity	F	FL 85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the	above-na	med corpo	pration submits this statement for the purpose	of changing	its registered
office or n	egistered agent, or both, in the State im familiar with, and accept the obliga	⊹of Florida. Such change was	authorize	ed by the	corporation	n's board of directors. I hereby accept the ap	pointment as	registered
ageni. i ai	im familiar with, and accept the obliga							
•		.,						
SIGNATURE	Signature, typed or printed name of registered age				nature required	when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered age			red Agent sign	nature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
		ent and title if applicable. (NO	TE: Registere	red Agent sign	nature required	7,10,10,10,10		
12.	OFFICERS AN	ent and title if applicable. (NO	TE: Registere 13	red Agent sign		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
12 . Τπ ι Ε	PD COSTAS, JOSE F DR.	ent and title if applicable. (NO	13 1.1 1	red Agent sign 3. TITLE		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
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12. TITLE NAME STREET ADDRESS	OFFICERS AN PD COSTAS, JOSE F DR. 5074 GREAT OAK LANE	ent and title if applicable. (NO	13 1.1 1 1.2 1 1.3 8	red Agent sign 3. TITLE NAME STREET ADD		7,10,10,10,10	AND DIREC	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD COSTAS, JOSE F DR. 5074 GREAT OAK LANE	ont and title if applicable. (NO NO DIRECTORS	13 1.17 1.21 1.35 1.40 2.17	ed Agent sign 3. TITLE NAME STREET ADD CITY-ST-ZIP		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	e Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND