

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000043517

1. Entity Name
LIMITED TO ENDODONTICS, P.A.



Principal Place of Business
225 SOUTH WESTMONTE DRIVE
STE 2070
ALTAMONTE SPRINGS, FL 32714-4218

Mailing Address
225 SOUTH WESTMONTE DRIVE
STE 2070
ALTAMONTE SPRINGS, FL 32714-4218



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3188810

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COSTAS, JOSE F DR.
225 SOUTH WESTMONTE DRIVE
STE 2070
ALTAMONTE SPRINGS, FL 32714

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSTAS, JOSE F DR. 354 PRIMA VERA COVE ALTAMONTE SPRINGS, FL 32714
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04/29/05-80062-017 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jose F. Costas 4/26/05 407-682-6474