

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000004488

Entity Name: ENDODONTIC ASSOCIATES, P.A.

FILED
Jun 01, 2007
Secretary of State

Current Principal Place of Business:

3165 MCMULLEN BOOTH RD.
BLDG A SUITE 2
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

3165 MCMULLEN BOOTH RD.
BLDG A SUITE 2
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 59-3224557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASEM, KIMBERLY
3540 FLORIAN TERRACE
PALM HARBOR, FL 34685 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: PRES () Delete
Name: KASEM, RAED DR
Address: 3165 MCMULLEN BOOTH RD BLDG A STE 2
City-St-Zip: CLEARWATER, FL 33761 US

Title: EVP () Delete
Name: LAZARO, EDUARDO R DR
Address: 3165 MCMULLEN BOOTH RD BLDG A STE 2
City-St-Zip: CLEARWATER, FL 33761 US

Title: VP () Delete
Name: HALLER, ROBERT H DR
Address: 3165 MCMULLEN BOOTH RD BLDG A STE 2
City-St-Zip: CLEARWATER, FL 33761 US

Title: SEC (X) Delete
Name: KORN, HEIDI DR
Address: 3165 MCMULLEN BOOTH RD BLDG A STE 2
City-St-Zip: CLEARWATER, FL 33761 US

Title: TREA (X) Delete
Name: OYOLA, MARINEYDA DR
Address: 3165 MCMULLEN BOOTH RD BLDG A STE 2
City-St-Zip: CLEARWATER, FL 33761 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KIMBERLY KASEM

RA

06/01/2007

Electronic Signature of Signing Officer or Director

Date