


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 06, 1999 8:00 am**  
**Secretary of State**

02-06-1999 90029 049 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000005556

1. Corporation Name

ENDODONTIC SPECIALISTS, INC.

Principal Place of Business  
 3201 SW 34 AVE. SUITE 204  
 OCALA FL 34464

Mailing Address  
 3201 SW 34 AVE. SUITE 204  
 OCALA FL 34464

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

59-3490026

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution ☐

\$5.00 May Be  
 Added to Fees

8. This corporation owes the current year Intangible  
 Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ROBERTSON, PETER A  
 220 N MAIN ST, SUITE A  
 GAINESVILLE FL 32601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE D  
 NAME SAVANO, JULIE A  
 STREET ADDRESS 3201 SW 34 AVE, SUITE 204  
 CITY-ST-ZIP OCALA FL 34464

13. ☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

14. ☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

15. ☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

16. ☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

17. ☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 supplemental 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

SIGNATURE REQUIRED

1.13.98

352.232.1202

Date

Daytime Phone #