

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000000617

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** PELICAN ENDODONTICS, P.A.

**Current Principal Place of Business:**

11181 HEALTH PARK BLVD  
SUITE #2270  
NAPLES, FL 34110

**New Principal Place of Business:**

11181 HEALTH PARK BLVD  
SUITE #2270  
NAPLES, FL 34110 US

**Current Mailing Address:**

11181 HEALTH PARK BLVD  
SUITE #2270  
NAPLES, FL 34110

**New Mailing Address:**

11181 HEALTH PARK BLVD  
SUITE #2270  
NAPLES, FL 34110 US

**FEI Number:** 65-0820632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RODRIGUEZ, JUAN P PRES  
11181 HEALTH PARK BLVD  
SUITE #2270  
NAPLES, FL 34110 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  
Name: RODRIGUEZ, JUAN P DDS  
Address: 2304 HARRIER RUN  
City-St-Zip: NAPLES, FL 34105 US

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: DR JUAN P RODRIGUEZ

PRES

02/21/2011

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

\_\_\_\_\_  
Date