

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # V52021

1. Entity Name
ENDODONTIC SPECIALTY SERVICES, P.A.



Principal Place of Business
**7800 S.W. 87TH AVENUE
SUITE A-150
MIAMI, FL 33173**

Mailing Address
**7800 S.W. 87TH AVENUE
SUITE A-150
MIAMI, FL 33173**



07052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0344316

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHAPIRO, SETH
7800 SW87TH AVENUE
SUITE A-150
MIAMI, FL 33173**

**DO NOT WRITE
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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000154744
07/09/04-80002-003 558.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHAPIRO, SETH
7800 S.W. 87TH AVENUE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Seth Shapiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seth Shapiro, D.D.S., M.S.

7/6/04
Date

305-598-6200
Daytime Phone #