

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000091494

**Entity Name:** ORLANDO ENDODONTIC SPECIALISTS-EAST, P.A.

**Current Principal Place of Business:**

12301 LAKE UNDERHILL RD, STE 104  
210  
ORLANDO, FL 32828

**Current Mailing Address:**

610 N. MILLS AVE.  
STE. 210  
ORLANDO, FL 32803 US

**FEI Number:** 27-1271609

**Certificate of Status Desired:** No

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

TEMPLE, TIMOTHY J  
610 N. MILLS AVE.  
STE. 210  
ORLANDO, FL 32803 US

*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

**Officer/Director Detail :**

Title P, D  
Name TEMPLE, TIMOTHY J  
Address 610 N. MILLS AVE. STE. 210  
City-State-Zip: ORLANDO FL 32803

Title SH  
Name ISLER, AARON  
Address 610 N. MILLS AVE. STE. 210  
City-State-Zip: ORLANDO FL 32803

*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:** TIMOTHY TEMPLE

**PRESIDENT**

**01/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date