

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000028250

**Entity Name:** LIMITED TO ENDODONTICS-SOUTHWEST, P.A.

**Current Principal Place of Business:**

3440 TAMIAMI TRAIL  
UNIT 3  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

3440 TAMIAMI TRAIL  
UNIT 3  
PORT CHARLOTTE, FL 33952 US

**FEI Number: 65-0404100**

**Certificate of Status Desired: No**

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

SIDDIQI, DENNIS DR.  
3440 TAMIAMI TRAIL,  
UNIT 3  
PORT CHARLOTTE, FL 33952 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 DR.  
Name MCGRADY, WILLIAM D  
Address 3440 TAMIAMI TRAIL , UNIT 3  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DR.  
Name CAMMARATO, III, VINCENT T  
Address 3440 TAMIAMI TRAIL, UNIT 3  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DR.  
Name SIDDIQI, DENNIS  
Address 3440 TAMIAMI TRAIL, UNIT 3  
City-State-Zip: PORT CHARLOTTE FL 33952

*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: VINCENT CAMMARATO, III**

**DOCTOR**

**03/03/2023**

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

\_\_\_\_\_  
Date