

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000043517

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

**Current Principal Place of Business:**

225 SOUTH WESTMONTE DRIVE  
STE 2070  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

225 SOUTH WESTMONTE DRIVE  
STE 2070  
ALTAMONTE SPRINGS, FL 32714

**FEI Number: 59-3188810**

**Certificate of Status Desired: No**

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

COSTAS, JOSE FDR.  
225 SOUTH WESTMONTE DRIVE  
STE 2070  
ALTAMONTE SPRINGS, FL 32714 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 PD  
Name COSTAS, JOSE FDR.  
Address 354 PRIMA VERA COVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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: COSTAS , JOSE FDR.**

**PD**

**03/21/2014**

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

\_\_\_\_\_  
Date