

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000055443

**Entity Name:** LIMITED TO ENDODONTICS, L.L.C.

**Current Principal Place of Business:**

225 SOUTH WESTMONTE DRIVE  
SUITE 2070  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

225 SOUTH WESTMONTE DRIVE  
SUITE 2070  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 20-0514896

**Certificate of Status Desired:** No

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

COSTAS, JOSE FDMD MS  
225 S WESTMONTE DR  
STE 2010  
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

**Authorized Person(s) Detail :**

Title MGR  
Name COSTAS, JOSE FDMD, MS  
Address 225 SOUTH WESTMONTE DRIVE,  
SUITE 2070  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR  
Name VARLEY, MICHAEL DMD, MS  
Address 225 SOUTH WESTMONTE DRIVE,  
SUITE 2070  
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSE COSTAS

MGR

03/18/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date