

2014 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COSTAS , JOSE FDMD, MS

MGR

03/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date