

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000005462

**Entity Name:** ENDODONTIC SPECIALTY GROUP, LLC

**Current Principal Place of Business:**

3 SW 129 AVE  
STE 205  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

3 SW 129 AVE  
STE 205  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 01-0576412

**Certificate of Status Desired:** No

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

EDWARD, KIRSH DR.  
3 SW 129TH AVE  
STE 205  
PEMBROKE PINES, FL 33027 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:** EDWARD KIRSH

07/07/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KIRSH, EDWARD R DR.  
Address 3 SW 129TH AVE, SUITE 205  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** EDWARD KIRSH

OWNER

07/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date