2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600671

FILED Apr 14, 2009 Secretary of State

Entity Name: ORAL AND MAXILLOFACIAL SURGEONS OF MID-FLORIDA, P.A.

Current Principal Place of Business: New Principal Place of Business: 1573 W. FAIRBANKS AVE. SUITE 300 WINTER PARK, FL 32789 US Current Mailing Address: New Mailing Address: 1573 W. FAIRBANKS AVE. SUITE 300 WINTER PARK, FL 32789 US FEI Number: 59-1229301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHICK, DAVID L ESQ 301 E. PINE ST. SUITE 400 ORLANDO, FL 32801 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 Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title:						
SUITE 300 WINTER PARK, FL 32789 US Current Mailing Address: New Mailing Address: New Mailing Address: SUITE 300 WINTER PARK, FL 32789 US FEI Number Sp41229301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHICK, DAVID L ESQ 301 E PINE ST. SUITE 1400 ORLANDO, FL 32801 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 Electronic To () Delete Electronic To () Delete Sarpinkel, BOBBY C Name: GARFINKEL, BOBBY C Name: Address: City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: Address: City-St-Zip: WINTER PARK, FL 32789 US City-St-Zip: WINTER PARK, FL 32789 US Title: S () Delete Title: () Change () Addition Name: Address: City-St-Zip: WINTER PARK, FL 32789 US Title: S () Delete Title: () Change () Addition Name: Address: City-St-Zip: WINTER PARK, FL 32789 US Title: () Change () Addition Name: Address: Address: City-St-Zip: WINTER PARK, FL 32789 US Title: () Change () Addition Name: Address: Address: City-St-Zip: WINTER PARK, FL 32789 US Title: () Change () Addition Name: Address: Address: Address: A	Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
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	Name: Address:	MCNAMARA, C 1573 W. FAIRE	CHARLES R BANKS AVE.	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEFFREY L. BEATTIE PD 04/14/2009