2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# P04000148420

Entity Name: ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF NORTH FLORIDA, P.A.

Current Principal Place of Business:

7921 TIMBERLIN PARK BLVD
JACKSONVILLE, FL 32256

New Principal Place of Business:

14286-23 BEACH BLVD
JACKSONVILLE, FL 32250

Current Mailing Address:

7921 TIMBERLIN PARK BLVD
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-1823255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHAN, ZANE
7921 TIMBERLIN PARK BLVD
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: KHAN, ZANE
Address: 7921 TIMBERLIN PARK BLVD
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ZANE KHAN DPST 04/25/2006

Electronic Signature of Signing Officer or Director — Date