

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000148420

FILED
May 25, 2007
Secretary of State

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

Current Principal Place of Business:

14286-23 BEACH BLVD
JACKSONVILLE, FL 32250

New Principal Place of Business:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 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

05/25/2007

Electronic Signature of Signing Officer or Director

Date