2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2012
Secretary of State

DOCUMENT# P06000046445

Entity Name: FLORIDA CRANIOFACIAL INSTITUTE, P.A.

Current Principal Place of Business:

304 S MACDILL AVE
TAMPA, FL 33609

New Principal Place of Business:

4200 N ARMENIA AVE
SUITE 3
TAMPA, FL 33607

Current Mailing Address:

304 S MACDILL AVE
TAMPA, FL 33609

New Mailing Address:

4200 N ARMENIA AVE
SUITE 3
TAMPA, FL 33607

FEI Number: 22-3923165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICALDE, PAT
3590 BELLEVISTA DRIVE EAST
SAINT PETERSBURG, FL 33706 US

Name and Address of New Registered Agent:

RICALDE, PAT
3590 BELLE VISTA DRIVE EAST
SAINT PETERSBURG, FL 33706 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: PAT RICALDE 01/24/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: RICALDE, PAT
Address: 3590 BELLE VISTA DRIVE EAST
City-St-Zip: ST PETERSBURG BEACH, FL 33706

Title: VPTD
Name: RICALDE, RUSSELL
Address: 3590 BELLE VISTA DRIVE EAST
City-St-Zip: ST PETERSBURG BEACH, FL 33706

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 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 all other like empowered.

SIGNATURE: PAT RICALDE PSD 01/24/2012
Electronic Signature of Signing Officer or Director Date