


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90033 014 ***563.75

DOCUMENT # P07000099848
 1. Entity Name
ORAL AND FACIAL SURGERY CENTER OF TALLAHASSEE, P.A.



Principal Place of Business
2274 WEDNESDAY STREET TALLAHASSEE, FL 32308

Mailing Address
2274 WEDNESDAY STREET TALLAHASSEE, FL 32308

60045637



2. Principal Place of Business - No P.O. Box #
3375-D Capital Circle N.E

3. Mailing Address
3375-D Capital Circle N.E

Suite, Apt. #, etc.
Suite 2

07242008 Chg-P CR2E034 (12/06)

City & State
Tallahassee FL

City & State
Tall. FL

4. FEI Number
611538348

Applied For
 Not Applicable

Zip
32308

Country
U.S.A.

Zip
32308

Country
U.S.A.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**TOLLEY, BARRETT
 2274 WEDNESDAY STREET
 TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

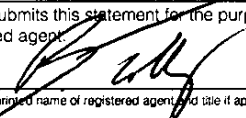
Name

Street Address (P.O. Box Number is Not Acceptable)
3375-D Capital Circle NE

Suite 2

City **Tallahassee FL** Zip Code **32308**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **7/25/08**

*Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President	Barratt R. Tolley	3375-D Capital Circle NE Suite 2	Tallahassee, FL 32308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE **7/25/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #