2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2022
Secretary of State
2262287103CC

DOCUMENT# 600671

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

Current Principal Place of Business:

195 BRIAR CLIFF DRIVE
SUITE 101
LONGWOOD, FL 32779

Current Mailing Address:

195 BRIAR CLIFF DRIVE
SUITE 101
LONGWOOD, FL 32779 US

FEI Number: 59-1229301

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHICK, DAVID LESQ
200 SOUTH ORANGE AVE.
SUITE 2300
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

Officer/Director Detail :

Title	TD	Title	PD
Name	GARFINKEL, BOBBY C	Name	BEATTIE, JEFFREY L
Address	1573 W. FAIRBANKS AVE.	Address	1573 W. FAIRBANKS AVE.
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32789

Title	S
Name	MCNAMARA, CHARLES R
Address	1573 W. FAIRBANKS AVE.
City-State-Zip:	WINTER PARK FL 32789

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: JEFFREY BEATTIE PRESIDENT 01/21/2022

Electronic Signature of Signing Officer/Director Detail — Date