

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600671

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

Current Principal Place of Business:

1573 W. FAIRBANKS AVE.
SUITE 300
WINTER PARK, FL 32789

Current Mailing Address:

1573 W. FAIRBANKS AVE.
SUITE 300
WINTER PARK, FL 32789 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
Name GARFINKEL, BOBBY C
Address 1573 W. FAIRBANKS AVE.
City-State-Zip: WINTER PARK FL 32789

Title PD
Name BEATTIE, JEFFREY L
Address 1573 W. FAIRBANKS AVE.
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

02/08/2019

Electronic Signature of Signing Officer/Director Detail

Date