

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000099848

**Entity Name:** ORAL AND FACIAL SURGERY CENTER OF TALLAHASSEE, P.A.

**Current Principal Place of Business:**

3330 CAPITAL OAKS DR  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

3330 CAPITAL OAKS DRIVE  
TALLAHASSEE, FL 32308 US

**FEI Number: 61-1538348**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TOLLEY, BARRETT  
3330 CAPITAL OAKS DR  
TALLAHASSEE, FL 32308 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 P  
Name TOLLEY, BARRETT R  
Address 3330 CAPITAL OAKS DR  
City-State-Zip: TALLAHASSEE FL 32308

*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: BARRETT TOLLEY**

**PRESIDENT**

**04/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date