

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000099848

**FILED**  
**Feb 25, 2015**  
**Secretary of State**  
**CC7211426044**

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

**Current Principal Place of Business:**

1702 RIGGINS ROAD  
SUITE 1  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1702 RIGGINS ROAD  
SUITE 1  
TALLAHASSEE, FL 32308 US

**FEI Number:** 61-1538348

**Certificate of Status Desired:** No

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

TOLLEY, BARRETT  
1702 RIGGINS ROAD  
SUITE 1  
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        1702 RIGGINS ROAD, SUITE 1  
City-State-Zip: TALLAHASSEE FL 32308

Title            MANAGER  
Name            STONE, NATALIE  
Address        1702 RIGGINS ROAD  
                  SUITE 1  
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:** NATALIE STONE

**MGR**

**02/25/2015**

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

\_\_\_\_\_  
Date