2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2016
Secretary of State
CC6377427106

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Entity Name: NORTH PORT ORAL SURGERY, INC.

Current Principal Place of Business:

2787 SYCAMORE ST., BLDG F., STE 106
NORTH PORT, FL 34289

Current Mailing Address:

2787 SYCAMORE ST., BLDG F., STE 106
NORTH PORT, FL 34289 US

FEI Number: 26-2404246

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURNE, MARK C
2787 SYCAMORE ST., BLDG F., STE 106
NORTH PORT, FL 34289 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,S,
Name	BURNE, MARK C
Address	2787 SYCAMORE ST., BLDG F., STE 106
City-State-Zip:	NORTH PORT FL 34289

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: MARK C BURNE CEO 02/11/2016

Electronic Signature of Signing Officer/Director Detail — Date