

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000083183

**Entity Name:** ASSOCIATES IN ORAL & FACIAL SURGERY, NPR. INC

**Current Principal Place of Business:**

6906 MADISON STREET  
SUITE 2  
NEW PORT RITCHEY,, FL 34652

**Current Mailing Address:**

6906 MADISON STREET  
SUITE 2  
NEW PORT RITCHEY,, FL 34652

**FEI Number:** 82-1107204

**Certificate of Status Desired:** No

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

FIRST, BENJAMIN E  
6906 MADISON STREET  
STE 2  
NEW PORT RITCHEY ,, FL 34652 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 FIRST, BENJAMIN E  
Address 6906 MADISON STREET STE 2  
City-State-Zip: NEW PORT RITCHEY FL 34652

*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:** BENJAMIN FIRST

P

04/11/2017

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

\_\_\_\_\_  
Date