

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000086963

**Entity Name:** ORAL SURGERY CENTER OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

610 N MILLS AVE, STE. 100  
ORLANDO, FL 32803

**Current Mailing Address:**

610 N MILLS AVE, STE. 100  
ORLANDO, FL 32803 US

**FEI Number:** 47-0972453

**Certificate of Status Desired:** No

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

THE HEALTH LAW FIRM  
1101 DOUGLAS AVE.  
ALTAMONTE SPRINGS, FL 33714 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

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           CENTRAL FLORIDA ORAL AND  
                  MAXILLOFACIAL SURGERY  
Address        610 N MILLS AVE, STE. 100  
City-State-Zip: ORLANDO FL 32803

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL LANGAN

**PRESIDENT**

**04/22/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date