

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