

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 482013

FILED  
Jan 07, 2003  
Secretary of State

Entity Name: ORAL-FACIAL SURGICAL ASSOCIATES, P.A.

## Current Principal Place of Business:

821 EAST OCEAN BLVD  
STUART, FL 34994

## New Principal Place of Business:

821 EAST OCEAN BLVD  
STE A  
STUART, FL 34994

## Current Mailing Address:

821 EAST OCEAN BLVD  
STUART, FL 34994

## New Mailing Address:

821 EAST OCEAN BLVD  
STE A  
STUART, FL 34994

FEI Number: 59-1618179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRAUSS, SORRELL I.  
1890 N.W. RIVER TR.  
STUART, FL 34994

## Name and Address of New Registered Agent:

STRAUSS, SORRELL I.  
1890 N.W. RIVER TR.  
STUART, FL 34994

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: SORRELL I. STRAUSS

01/07/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: STRAUSS, SORRELL I.  
Address: 1890 NW RIVER TRAIL  
City-St-Zip: STUART, FL

Title: VPT ( ) Delete  
Name: STRAUSS, JAMES E  
Address: 708 RIVERSIDE DR  
City-St-Zip: STUART, FL 34994

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: STRAUSS, SORRELL I.  
Address: 1890 NW RIVER TRAIL  
City-St-Zip: STUART, FL 34994

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SORRELL I. STRAUSS

PRES

01/07/2003

Electronic Signature of Signing Officer or Director

Date