2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State
04-13-2004 90035 044 ***150.00

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DOCUMENT # 600669

1. Entity Name
FLORIDA ORAL & FACIAL SURGICAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
549 HEALTH BLVD DAYTONA BEACH, FL ~~32115~~	549 HEALTH BLVD DAYTONA BEACH, FL ~~32115~~

02262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32114 Country	Zip 32114 Country

4. FEI Number 59-1226840 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLEUCHAUS,P T 549 HEALTH BLVD DAYTONA BEACH, FL 32115	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Craig McGray 4/1/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FLEUCHAUS,P T 855 MASON AVE DAYTONA BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 549 Health Blvd. Daytona Beach, FL 32114	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GAINES, R T 855 MASON AVE DAYTONA BEACH, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 549 Health Blvd. Daytona Beach, FL 32114	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AKERS, J 855 MASON AVE DAYTONA BEACH, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 549 Health Blvd. Daytona Beach, FL 32114	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHALIT, CURTIS 549 HEALTH BLVD DAYTONA BEACH, FL 32115	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Daytona Beach, FL 32114	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Craig McGray 4/1/04 386 239-3573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #