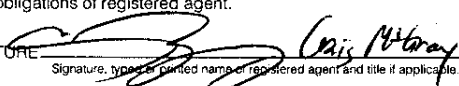
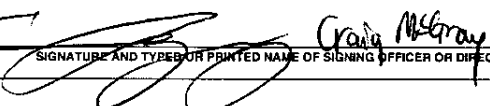


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90035 044 ***150.00

DOCUMENT # 600669 1. Entity Name FLORIDA ORAL & FACIAL SURGICAL ASSOCIATES, P.A.					
Principal Place of Business 549 HEALTH BLVD DAYTONA BEACH, FL 32115			Mailing Address 549 HEALTH BLVD DAYTONA BEACH, FL 32115		
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	
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  Signature, typed or printed name of registered agent and title if applicable			DATE 4/1/04 (NOTE: Registered Agent signature required when reinstating)		
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 ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GAINES, R T 855 MASON AVE DAYTONA BEACH, FL 00000,	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD AKERS, J 855 MASON AVE DAYTONA BEACH, FL 00000,	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHALIT, CURTIS 549 HEALTH BLVD DAYTONA BEACH, FL 32115	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/1/04 Daytime Phone # 239-3573		

94051631

