2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2010
Secretary of State

DOCUMENT# 600669

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

Current Principal Place of Business:

549 HEALTH BLVD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

549 HEALTH BLVD
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-1226840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AKERS, JOHN O DDS
549 HEALTH BLVD
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD
Name: GAINES, RT DDS,MS
Address: 549 HEALTH BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: PD
Name: AKERS, JOHN DDS
Address: 549 HEALTH BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD
Name: SCHALIT, CURTIS DDS
Address: 549 HEALTH BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D
Name: BROUMAND, VISHTASB DMD, MD
Address: 549 HEALTH BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

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 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 all other like empowered.

SIGNATURE: JOHN AKERS PD 03/29/2010

Electronic Signature of Signing Officer or Director Date