

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90021 047 ***158.75

DOCUMENT # 601398

1. Entity Name
**SOUTHWEST FLORIDA ORAL AND FACIAL SURGERY,
P.A.**



Principal Place of Business
**5285 SUMMERLIN RD. STE 101
FT MYERS, FL 33919-7699**

Mailing Address
**5285 SUMMERLIN RD. STE 101
FT MYERS, FL 33919-7699**

40023178



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-1271142

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LABODA, GERALD
5285 SUMMERLIN RD. STE 101
FORT MYERS, FL 33907**

Name

Hogan, Timothy D.

Street Address (P.O. Box Number is Not Acceptable)

13 Baywood Court

City

Ft Myers

FL

Zip Code

33919

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

Timothy D. Hogan

(NOTE: Registered Agent signature required when reinstating)

2/17/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 **P** ☒ Delete
NAME **LABODA, GERALD**
STREET ADDRESS **2844 VALENCIA WAY**
CITY-ST-ZIP **FT MYERS, FL 33901**

TITLE **ST** ☐ Delete
NAME **HOGAN, TIMOTHY D**
STREET ADDRESS **15499 THORY CT.**
CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE **VP** ☐ Delete
NAME **STREATER, MARK R**
STREET ADDRESS **5035 WEST MINSTER DR**
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE **VP** ☐ Delete
NAME **TEJERA, TINERFE J**
STREET ADDRESS **5285 SUMMERLIN RD., SUITE 101**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition
NAME **Hogan, Timothy D**
STREET ADDRESS **13 Baywood Court**
CITY-ST-ZIP **Ft Myers, FL 33919**

TITLE **VP Secy. Treas.** ☒ Change ☐ Addition
NAME **Streater, Mark R.**
STREET ADDRESS **7275 Hendry Creek Dr**
CITY-ST-ZIP **Ft Myers, FL 33908**

TITLE **VP** ☒ Change ☐ Addition
NAME **Tejera, Tinerfe J.**
STREET ADDRESS **38 Timberland Circle S.**
CITY-ST-ZIP **Ft Myers, FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #

2/17/07 239 936-8151