

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601398

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

5285 SUMMERLIN RD. STE 101
FT MYERS, FL 339197699

New Principal Place of Business:

8267 COLLEGE PARKWAY
FT MYERS, FL 33919

Current Mailing Address:

5285 SUMMERLIN RD. STE 101
FT MYERS, FL 339197699

New Mailing Address:

8267 COLLEGE PARKWAY
FT MYERS, FL 33919

FEI Number: 59-1271142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGAN, TIMOTHY
5285 SUMMERLIN RD. STE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

HOGAN, TIMOTHY
8267 COLLEGE PARKWAY
FORT MYERS, FL 33907 US

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: TIMOTHY HOGAN

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOGAN, TIMOTHY D
Address: 13 BAYWOOD COURT
City-St-Zip: FT. MYERS, FL 33919

Title: VPST () Delete
Name: STREATER, MARK R
Address: 7275 HENDRY CREEK DRIVE
City-St-Zip: FT.MYERS, FL 33908

Title: VP () Delete
Name: TEJERA, TINERFE J
Address: 38 TIMBERLAND CIRCLE SOUTH
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TIMOTHY HOGAN

DR.

04/30/2009

Electronic Signature of Signing Officer or Director

Date