2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2011
Secretary of State

DOCUMENT# 601398

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

Current Principal Place of Business:

8267 COLLEGE PARKWAY
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

8267 COLLEGE PARKWAY
FT MYERS, FL 33919

New Mailing Address:

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
8267 COLLEGE PARKWAY
FORT MYERS, FL 33907 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

OFFICERS AND DIRECTORS:

Title: P
Name: HOGAN, TIMOTHY D
Address: 1561 GRACE AVENUE
City-St-Zip: FT. MYERS, FL 33901

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

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

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: TIMOTHY D. HOGAN PRES 03/14/2011

Electronic Signature of Signing Officer or Director Date