

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603065

FILED
Apr 19, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA ORAL AND MAXILLOFACIAL SURGERY, P.A.

Current Principal Place of Business:

610 N. MILLS AVE.
ORLANDO, FL 32803

New Principal Place of Business:

610 N. MILLS AVE.
STE. 100
ORLANDO, FL 32803

Current Mailing Address:

610 N. MILLS AVE.
#100
ORLANDO, FL 32803 US

New Mailing Address:

610 N. MILLS AVE.
STE. 100
ORLANDO, FL 32803 US

FEI Number: 59-1360433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, WILBUR JR. MCL
1210 PARK AVENUE, NORTH
WINTER PARK, FL 32789 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: P () Delete
Name: DAVIS, WILBUR, JR.,
Address: 610 N. MILLS AVE.
City-St-Zip: ORLANDO, FL

Title: V () Delete
Name: BUCHS, ANDRE U.,
Address: 610 N. MILLS AVE.
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: DAVIS, WILBUR MCL JR.,
Address: 610 N. MILLS AVE.
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: BUCHS, ANDRE U.,
Address: 610 N. MILLS AVE.
City-St-Zip: ORLANDO, FL

Title: T () Delete
Name: LANGAN, MICHAEL J DMD
Address: 610 N MILLS AVE
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, WILBUR, JR.,
Address: 610 N. MILLS AVE., STE 100
City-St-Zip: ORLANDO, FL

Title: V (X) Change () Addition
Name: BUCHS, ANDRE U.,
Address: 610 N. MILLS AVE., STE 100
City-St-Zip: ORLANDO, FL

Title: D (X) Change () Addition
Name: DAVIS, WILBUR MCL JR.,
Address: 610 N. MILLS AVE., STE 100
City-St-Zip: ORLANDO, FL

Title: D (X) Change () Addition
Name: BUCHS, ANDRE U.,
Address: 610 N. MILLS AVE., STE 100
City-St-Zip: ORLANDO, FL

Title: T (X) Change () Addition
Name: LANGAN, MICHAEL J DMD
Address: 610 N MILLS AVE, STE 100
City-St-Zip: ORLANDO, FL 32807

I hereby certify that the information supplied with this filing does not qualify for the 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: WILBUR M DAVIS

P

04/19/2006

Electronic Signature of Signing Officer or Director

Date