# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 18, 2011**
**Secretary of State**

DOCUMENT# 603065

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 59-1360433** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANGAN, MICHAEL J DMD
4416 TWINVIEW LANE
ORLANDO, FL 32814 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: D
Name: DAVIS, WILBUR, JR.
Address: 610 N. MILLS AVE., STE 100
City-St-Zip: ORLANDO, FL 32803

Title: D
Name: BUCHS, ANDRE U.
Address: 610 N. MILLS AVE., STE 100
City-St-Zip: ORLANDO, FL 32803

Title: VD
Name: CROFTON, DANIEL J DDS
Address: 610 N. MILLS AVE., STE 100
City-St-Zip: ORLANDO, FL 32803

Title: SD
Name: WENK, SCOTT A DDS
Address: 610 N. MILLS AVE., STE 100
City-St-Zip: ORLANDO, FL 32803

Title: PD
Name: LANGAN, MICHAEL J DMD
Address: 610 N MILLS AVE, STE 100
City-St-Zip: ORLANDO, FL 32803

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: MICHAEL LANGAN P 04/18/2011

Electronic Signature of Signing Officer or Director Date