

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 657665

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** WINTER HAVEN ORAL SURGERY, P.A.

**Current Principal Place of Business:**

400 AVENUE K., S.E. STE 10  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

400 AVENUE K., S.E. STE 10  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:** 59-1971577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVID CHARLES NEAL  
1050 WEST LAKE HAMILTON DR  
WINTER HAVEN, FL 33881 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:** PD  
**Name:** NEAL, DAVID C.  
**Address:** 400 AVENUE K., S.E.  
**City-St-Zip:** WINTER HAVEN, FL

**Title:** ST  
**Name:** NEAL LOIS J  
**Address:** 400 AVEUNE K., S.E.  
**City-St-Zip:** WINTER HAVEN FL,

**Title:** VP  
**Name:** CORNEJO, RIGOBERTO  
**Address:** 400 AVE K SE  
**City-St-Zip:** WINTER HAVEN, FL 33880

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:** LOIS NEAL

ST

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date