

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 661364

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** DADELAND ORAL SURGERY ASSOCIATES, P.A.

**Current Principal Place of Business:**

7400 N KENDALL DR  
200  
MIAMI, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

7400 N KENDALL DR  
200  
MIAMI, FL 33156 US

**New Mailing Address:**

**FEI Number:** 59-2003206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, LAWRENCE R  
7400 SW 88TH ST  
200  
MIAMI, FL 33156 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: PTD  
Name: BROWN, LAWRENCE R DDS  
Address: 7400 N KENDALL DR. STE 200  
City-St-Zip: MIAMI, FL 33155 US

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: LAWRENCE R. BROWN

DR.

04/01/2011

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

\_\_\_\_\_  
Date