FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:33

DOCUMENT # 705573 (4)

1. Corporation Name

THE FLORIDA SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS, INC.

Principal Place of Business	Mailing Address
1113 E. TENNESSEE STREET 101 TALLAHASSEE FL 32308 US	1113 E. TENNESSEE STREET 101 TALLAHASSEE FL 32308 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1963
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-1615847 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GAY, KAY
1113 E. TENNESSEE STREET
#101
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP	1.1 TITLE	PP ☒ Change ☐ Addition
NAME	STANLEY, STEWART	1.2 NAME	Lawrence Cook
STREET ADDRESS	7401 UNIV DR.	1.3 STREET ADDRESS	407 S Kentucky Ave
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	Lakeland FL 33801
TITLE	PD	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	COOK, LAWRENCE K	2.2 NAME	Harvey Satz
STREET ADDRESS	407 S. KENTUCKY AVENUE	2.3 STREET ADDRESS	690 Goodlette Rd N
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	PED	3.1 TITLE	PED ☒ Change ☐ Addition
NAME	SATZ, HARVEY	3.2 NAME	Larry Nissen
STREET ADDRESS	8970 SW 87TH CT #2	3.3 STREET ADDRESS	280 N Sykes Creek Pkwy #C
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Merritt Island FL 32953
TITLE	VPD	4.1 TITLE	VPD ☒ Change ☐ Addition
NAME	LARRY, NISSEN	4.2 NAME	James A Davis Jr
STREET ADDRESS	280 N SYKES CK PARKWAY #C	4.3 STREET ADDRESS	3330 Capital Oaks Drive
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	Tallahassee FL 32308
TITLE	SD	5.1 TITLE	SD ☒ Change ☐ Addition
NAME	DAVIS, JAMES	5.2 NAME	Howard Fisher
STREET ADDRESS	3330 CAPITAL OAKS DRIVE	5.3 STREET ADDRESS	1755 Lewis Turner Blvd
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Ft Walton Beach FL 32547
TITLE	TD	6.1 TITLE	TD ☒ Change ☐ Addition
NAME	FISHER, HOWARD	6.2 NAME	Matthew Dennis
STREET ADDRESS	1755 LEWIS TURNER BLVD.	6.3 STREET ADDRESS	8277 113 ST N
CITY-ST-ZIP	FT. WALTON BEACH FL	6.4 CITY-ST-ZIP	Seminole FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kay Gay, Administrative Director 1-26-95 904-222-6906
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

Kay Gay

0002202