FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 705573 (4)

1. Corporation Name

THE FLORIDA SOCIETY OF ORAL AND MAXILLOFACIAL SU RGEONS, 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

3. Date Incorporated or Qualified: 05/07/1963
3a. Date of Last Report: 02/02/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE W. Kay Gay 1-29-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PP	☒ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	COOK, LAWRENCE		12 NAME	Nissen, Larry	
STREET ADDRESS	407 S. KENTUCKY AVE.		13 STREET ADDRESS	280 N Sykes Creek Pkwy #C	
CITY-ST-ZIP	LAKELAND FL		14 CITY-ST-ZIP	Merrit Island FL 32953	
TITLE	PD	☐ DELETE	21 TITLE	PED	☒ Change ☐ Addition
NAME	SATZ, HARVEY		22 NAME	Davis, James A Jr	
STREET ADDRESS	690 GOODLETTE RD. N.		23 STREET ADDRESS	3330 Capital Oaks Dr.	
CITY-ST-ZIP	NAPLES FL		24 CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	PED	☐ DELETE	31 TITLE	VPD	☒ Change ☐ Addition
NAME	NISSEN, LARRY		32 NAME	Fisher, Howard	
STREET ADDRESS	280 N. SYKES CREEK PKWY #C		33 STREET ADDRESS	1755 Lewis Turner Blvd	
CITY-ST-ZIP	MERRITT ISLAND FL		34 CITY-ST-ZIP	Ft Walton Bch, FL 32405	
TITLE	VPD	☐ DELETE	41 TITLE	SD	☒ Change ☐ Addition
NAME	DAVIS, JAMES A. JR.		42 NAME	Dennis, Mathew	
STREET ADDRESS	3330 CAPITAL OAKS DRIVE		43 STREET ADDRESS	3001 Eastland Blvd	
CITY-ST-ZIP	TALLAHASSEE FL		44 CITY-ST-ZIP	Clearwater, FL 34621	
TITLE	SD	☐ DELETE	51 TITLE	TD	☐ Change ☒ Addition
NAME	FISHER, HOWARD		52 NAME	Kotkis Stephen	
STREET ADDRESS	1755 LEWIS TURNER BLVD.		53 STREET ADDRESS	3939 Hollywood Blvd 1st Floor West	
CITY-ST-ZIP	FT. WALTON BEACH FL		54 CITY-ST-ZIP	Hollywood FL 33021	
TITLE	TD	☐ DELETE	61 TITLE	PPD	☒ Change ☐ Addition
NAME	DENNIS, MATHEW		62 NAME	Satz Harvey	
STREET ADDRESS	8277 113 ST. N.		63 STREET ADDRESS	690 Goodlette Rd N	
CITY-ST-ZIP	SEMINOLE FL		64 CITY-ST-ZIP	Naples FL 33940	

CR2E037 (12/95)

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)(k), 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: [signature] 2-1-96 305-989-5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STEPHEN J. KOTKIS TREASURER