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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32308-6913 US

3. Date Incorporated or Qualified: 05/07/1963
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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 _____ 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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	NISSEN, LARRY		1.2 NAME	Davis James A JR	
STREET ADDRESS	280 NORTH SYKES CREEK PKWY, # C		1.3 STREET ADDRESS	3330 Capital Oaks Dr	
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	PD	☒ DELETE	2.1 TITLE	PED	☒ Change ☐ Addition
NAME	SATZ, HARVEY		2.2 NAME	Fisher Howard	
STREET ADDRESS	690 GOODLETTE RD. N.		2.3 STREET ADDRESS	1755 Lewis Turner Blvd	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Ft Walton Beach FL 32547	
TITLE	PED	☐ DELETE	3.1 TITLE	2ndVPD	☒ Change ☐ Addition
NAME	NISSEN, LARRY		3.2 NAME	Dennis Matthew	
STREET ADDRESS	280 N. SYKES CREEK PKWY #C		3.3 STREET ADDRESS	3001 Eastland Blvd #2	
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP	Clearwater FL 34621	
TITLE	VPD	☐ DELETE	4.1 TITLE	2ndVPD	☐ Change ☒ Addition
NAME	DAVIS, JAMES A. JR.		4.2 NAME	Kotkis Stephen	
STREET ADDRESS	3330 CAPITAL OAKS DRIVE		4.3 STREET ADDRESS	3939 Hollywood Blvd 1st Fl West	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	FISHER, HOWARD		5.2 NAME	Engebretsen Shawn	
STREET ADDRESS	1755 LEWIS TURNER BLVD.		5.3 STREET ADDRESS	821 E Ocean Blvd	
CITY-ST-ZIP	FT. WALTON BEACH FL		5.4 CITY-ST-ZIP	Stuart FL 34994	
TITLE	TD	☐ DELETE	6.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	DENNIS, MATHEW		6.2 NAME	Neal David	
STREET ADDRESS	8277 113 ST. N.		6.3 STREET ADDRESS	400 Ave R S E	
CITY-ST-ZIP	SEMINOLE FL		6.4 CITY-ST-ZIP	Winter Haven FL 33880	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] 1-13-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0007839