FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Feb 02 1998 8:00am
Secretary of State

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

3. Date Incorporated or Qualified: 05/07/1963

4. FEI Number: 59-1615847 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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	President - D	☒ Change ☐ Addition
NAME	NISSEN, LARRY		1.2 NAME	Howard E. Fisher	
STREET ADDRESS	280 NORTH SYKES CREEK PKWY, # C		1.3 STREET ADDRESS	1755 Lewis Turner Blvd.	
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
TITLE	VPD	☐ DELETE	2.1 TITLE	Pres.Elect	☒ Change ☐ Addition
NAME	KOTKIS, STEPHEN		2.2 NAME	Matthew J. Dennis	
STREET ADDRESS	3939 HOLLYWOOD BLVD LOT F1 WEST		2.3 STREET ADDRESS	3001 Eastland Blvd. #2	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	PED	☐ DELETE	3.1 TITLE	VP1 - D	☒ Change ☐ Addition
NAME	NISSEN, LARRY		3.2 NAME	Stephen J. Kotkis	
STREET ADDRESS	280 N. SYKES CREEK PKWY #C		3.3 STREET ADDRESS	3939 Hollywood 1st Fl. W	
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	PD	☐ DELETE	4.1 TITLE	VP2 - D	☐ Change ☒ Addition
NAME	DAVIS, JAMES A. JR.		4.2 NAME	Shawn Engebretsen	
STREET ADDRESS	3330 CAPITAL OAKS DRIVE		4.3 STREET ADDRESS	821 E. Ocean Blvd.	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	PED	☐ DELETE	5.1 TITLE	Secretary - D	☐ Change ☒ Addition
NAME	FISHER, HOWARD		5.2 NAME	Timothy Hogan	
STREET ADDRESS	1755 LEWIS TURNER BLVD.		5.3 STREET ADDRESS	5285 Summerlin Road	
CITY-ST-ZIP	FT. WALTON BEACH FL		5.4 CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	VPD	☐ DELETE	6.1 TITLE	Treasurer - D	☐ Change ☒ Addition
NAME	DENNIS, MATHEW		6.2 NAME	David C. Neal	
STREET ADDRESS	3001 EASTLAND BLVD #2		6.3 STREET ADDRESS	400 Avenue K SE	
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP	Winter Haven, FL 33880	

CR2E037 (10/97)

14. I 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. David C Neal DAVID C. NEAL

SIGNATURE: W. Kay Gay SIGNATURE REQUIRED W Kay Gay 1-15-98 850-222-6906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #