**FILE NOW: FILING FEE IS $61.25**

**FILED**
**Feb 26, 1999 8:00 am**
**Secretary of State**
02-26-1999 90048 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705573

1. Corporation Name
THE FLORIDA SOCIETY OF ORAL AND MAXILLOFACIAL SU RGEONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1113 E. TENNESSEE STREET<br>101<br>TALLAHASSEE FL 32308<br>US | 1113 E. TENNESSEE STREET<br>101<br>TALLAHASSEE FL 32308<br>US |

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)

3. Date Incorporated or Qualifed: 05/07/1963
4. FEI Number: 59-1615847 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Gamwell, Kay (name change only)
82 Street Address (P.O. Box Number is Not Acceptable): 1113 E. Tennessee St.
83: #101
84 City: Tallahassee **FL** 85 Zip Code: 32308

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: K Gamwell
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FISHER, HOWARD E<br>1755 LEWIS TURNER BLVD<br>FT WALTON BEACH FL 32547 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | P<br>Dennis, Matthew J<br>3001 Eastland Blvd #2<br>Clearwater FL 33771 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PE<br>DENNIS, MATTHEW J<br>3001 EASTLAND BLVD. #2<br>CLEARWATER FL 33761 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | PED<br>Kotkis Stephen J.<br>3939 Hollywood Blvd. 1st Fl. West<br>Hollywood, FL 33021 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>KOTKIS, STEPHEN J<br>3939 HOLLYWOOD 1ST FL, W<br>HOLLYWOOD FL 33021 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP | IVPD<br>Engebretsen, Shawn<br>821 E. Ocean Blvd.<br>Stuart FL 34994 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DAVIS, JAMES A. JR.<br>3330 CAPITAL OAKS DRIVE<br>TALLAHASSEE FL | ☑ DELETE | 4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | IVP<br>Hogan, Timothy<br>5285 Summerlin Rd #101<br>Ft. Myers FL 33919 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PED<br>FISHER, HOWARD<br>1755 LEWIS TURNER BLVD.<br>FT. WALTON BEACH FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | SD<br>Tucker, Mark | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>DENNIS, MATHEW<br>3001 EASTLAND BLVD #2<br>CLEARWATER FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | TD<br>Neal, David<br>400 Ave K SE<br>Winter Haven FL 33880 | ☐ Change ☑ Addition |

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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 1-19-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)