2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90181 009 ****61.25

DOCUMENT # 705573

1. Entity Name

THE FLORIDA SOCIETY OF ORAL AND MAXILLOFACIAL SU

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

DUU12642

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOTKIS, STEPHEN J 3939 HOLLYWOOD BLVD., 1ST FW HOLLYWOOD FL 33021	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~Engebretsen~~, Shawn 841 E Ocean Blvd Stuart, FL 34994	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE DENNIS, MATTHEW J 3001 EASTLAND BLVD, #2 CLEARWATER FL 33761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED Hogan, Timothy 5285 Summerlin Rd #101 Ft Myers FL 33919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HOGAN, TIMOTHY 5285 SUMMERLIN RD FORT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Thompson, David 3300 S Tamiami Tr #7 Sarasota FL 34246	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD THOMPSON, DAVID 3300 S TAMIAHI TRIAL #7 SARASOTA FL 34246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP2 D Tucker, Mark 13000 Bruce B Downs Blv. Tampa FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED ENGEBRETSON, SHAWN 821 E OCEAN BLVD STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Grantham, Gregory 340 W 23 ST Panama City FL 32405	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DENNIS, MATHEW 3001 EASTLAND BLVD #2 CLEARWATER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Neal, David 400 Ave K SE Winter Haven FL 33880	☐ Change ☒ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-25-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #