2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# 705573

Entity Name: THE FLORIDA SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS, INC.

Current Principal Place of Business:

1113 E. TENNESSEE STREET
101
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1113 E. TENNESSEE STREET
101
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-1615847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: MUFSON, RICHARD
Address: 20480 W DIXIE HWY
City-St-Zip: MIAMI BEACH, FL 33180

Title: SD ( ) Delete
Name: RAYNER, CLIVE
Address: 2301 PARK AVE. #101
City-St-Zip: ORANGE PARK, FL 32073

Title: VPD ( ) Delete
Name: TUCKER, MARK
Address: 13000 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33617

Title: PD ( ) Delete
Name: THOMPSON, DAVID
Address: 3300 S TAMIAMI TRAIL #7
City-St-Zip: SARASOTA, FL 34246

Title: PED ( ) Delete
Name: GRANTHAM, GREGORY
Address: 340 W. 23 AT
City-St-Zip: PANAMA CITY, FL 32405

Title: T ( ) Delete
Name: NEAL, DAVID
Address: 400 AVE K SE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: MUFSON, RICHARD
Address: 20480 W DIXIE HWY
City-St-Zip: MIAMI BEACH, FL 33180

Title: SD (X) Change ( ) Addition
Name: RAFFERTY, CHRISTOPHER
Address: 2045 LEE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: PD (X) Change ( ) Addition
Name: TUCKER, MARK
Address: 13000 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33617

Title: VPD (X) Change ( ) Addition
Name: WOLFROM, ROLF
Address: 1920 PALM BEACH LAKES BLVD #105
City-St-Zip: WEST PALM BEACH, FL 33180

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER RAFFERTY SD 01/05/2004

Electronic Signature of Signing Officer or Director — Date