2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705573

FILED Jan 25, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 420 E. CALL STREET TALLAHASSEE, FL 32301 US **New Mailing Address: Current Mailing Address:** 420 E. CALL STREET TALLAHASSEE, FL 32301 US FEI Number: 59-1615847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAMWELL, KAY GAMWELL, KAY EX DIRE 420 E. CALL STREET 420 E. CALL STREET TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32301 US 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: KAY GAMWELL 01/25/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PED () Delete () Change () Addition MUFSON, RICHARD Name: Name: 20480 W DIXIE HWY Address: Address: City-St-Zip: MIAMI BEACH, FL 33180 City-St-Zip: Title: PPD () Delete Title: (X) Change () Addition TUCKER, MARK Name: GRANTHAM, GREG Name: Address: 13000 BRUCE B DOWNS BLVD Address: 340 W 23 STREET City-St-Zip: TAMPA, FL 33617 City-St-Zip: PANAMA CITY, FL 32405 Title: VPD () Delete Title: PED (X) Change () Addition WOLFROM, ROLF WOLFROM, ROLF Name: Name: 1920 PALM BEACH LAKES BLVD #105 Address: 1920 PALM BEACH LAKES BLVD #105 Address: City-St-Zip: WEST PALM BEACH, FL 33180 City-St-Zip: WEST PALM BEACH, FL 33409 Title: PΩ () Delete Title: VPD (X) Change () Addition Name: GRANTHAM, GREGORY Name: LANGAN, MICHAEL Address: 340 W. 23 AT Address: 610 N MILLS AVENUE ORLANDO, FL 32803 City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: Title: () Delete Title: (X) Change () Addition NEAL, DAVID CORNEJO, RIGO Name: Name: 400 AVE K SE 400 AVE K SE SUITE 10 Address: Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: W KAY GAMWELL D 01/25/2006