

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705573

FILED
Apr 17, 2007
Secretary of State

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

Current Principal Place of Business:

420 E. CALL STREET
3
TALLAHASSEE, FL 32301 US

Current Mailing Address:

420 E. CALL STREET
3
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

400 AVENUE K SE
#10
WINTER HAVEN, FL 33880 US

New Mailing Address:

400 AVENUE K SE
#10
WINTER HAVEN, FL 33880 US

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 EX DIRE
420 E. CALL STREET
3
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

HOLDERFIELD, J. W.
400 AVENUE K SE
#10
WINTER HAVEN, FL 33880 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: J.W. HOLDERFIELD

04/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: PPD () Delete
Name: GRANTHAM, GREG
Address: 340 W 23 STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: PED () Delete
Name: WOLFROM, ROLF
Address: 1920 PALM BEACH LAKES BLVD #105
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VPD () Delete
Name: LANGAN, MICHAEL
Address: 610 N MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: TD (X) Delete
Name: CORNEJO, RIGO
Address: 400 AVE K SE SUITE 10
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: CORNEJO, RIJO DMD, MD
Address: 400 AVENUE K SE #10
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: PRES (X) Change () Addition
Name: WOLFROM, ROLF B DDS
Address: 1920 PALM BEACH LKS BV#105
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: VP (X) Change () Addition
Name: LANGAN, MICHAEL J DMD
Address: 610 N. MILLS AVE
City-St-Zip: ORLANDO, FL 32803 US

Title: EX D (X) Change () Addition
Name: HOLDERFIELD, J.W.
Address: 400 AVENUE K SE #10
City-St-Zip: WINTER HAVEN, FL 33880 US

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 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: J.W. HOLDERFIELD

MR.

04/17/2007

Electronic Signature of Signing Officer or Director

Date