

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705573

FILED
Apr 26, 2008
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

HOLDERFIELD, J. W.
400 AVENUE K SE
#10
WINTER HAVEN, FL 33880 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: TREA () Delete
Name: CORNEJO, RIJO DMD, MD
Address: 400 AVENUE K SE #10
City-St-Zip: WINTER HAVEN, FL 33880 US

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: GRENEVICKI, LANCE DDS
Address: 1093 S. WICKHAN RD
City-St-Zip: WEST MELBOURNE, FL 32904 US

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

I hereby certify that the information supplied with this filing does not qualify 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

EX D

04/26/2008

Electronic Signature of Signing Officer or Director

Date