2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 705573

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: LANGAN, MICHAEL DDS
Address: 610 N. MILLS AVE
City-St-Zip: ORANDO, FL 32803 US

Title: VP ( ) Delete
Name: GRENEVICKI, LANCE DDS
Address: 1093 S. WICKHAN RD
City-St-Zip: WEST MELBOURNE, FL 32904 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: TREA (X) Change ( ) Addition
Name: CORNEJO, RIGO DMD, MD
Address: 400 AVENUE K SE #10
City-St-Zip: WINTER HAVEN, FL 33880 US

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

Title: VP (X) Change ( ) Addition
Name: DIAZ, MARCOS DDS
Address: 2239 N. COMMERCE PKWY
City-St-Zip: WESTON, FL 33326 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 03/23/2009

Electronic Signature of Signing Officer or Director — Date