

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705573

FILED
Jan 07, 2010
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:

4850 GOLDEN PARKWAY
STE. B-417
BUFORD, GA 30518 US

FEI Number: 59-1615847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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
Name: CORNEJO, RIGO DMD, MD
Address: 400 AVENUE K SE #10
City-St-Zip: WINTER HAVEN, FL 33880 US

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

Title: VP
Name: DIAZ, MARCOS DDS
Address: 2239 N. COMMERCE PKWY
City-St-Zip: WESTON, FL 33326 US

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

I hereby 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 all other like empowered.

SIGNATURE: J. W. HOLDERFIELD

EXD

01/07/2010

Electronic Signature of Signing Officer or Director

Date