2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
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:

4850 GOLDEN PARKWAY
STE. B-417
BUFORD, GA 30518 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
Name: MEZSAROS, ED DMD
Address: 1736 E. EDGEWOOD DR
City-St-Zip: LAKELAND, FL 33803 US

Title: PRES
Name: CORNEJO, RIGO DMD, MD
Address: 400 AVE K SE
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: VP
Name: FATTAHI, TIRBOD DMD, MD
Address: 653-1 W. 8TH ST
City-St-Zip: JACKSONVILLE, FL 32209 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 01/09/2012

Electronic Signature of Signing Officer or Director Date