2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 705573

1. Entity Name

THE FLORIDA SOCIETY OF ORAL AND MAXILLOFACIAL SU RGEONS, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90538 007 ****61.25

TOT TALLAMASSEE F. 2208 SUITO, ACT. F. etc. City & State	Principal Place of Business 1113 E. TENNESSEE STREET			Mailing Address 1113 E. TENNESSEE STREET								
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Sulfe, Apt. #, efc. Sulfe, Apt. #, efc. Sulfe, Apt. #, efc. City & State City & State City & State A. FEI Number 59-1615847 Applied For Not Applicable Zip Country 7/p Country A. Certificate of Surus Dealers St. 75, Apathonal Fase Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Signal Address of Current Registered Agent 7. Name and Address of New Registered Agent Signal Address of New Registered Agent 7. Name and Address of New Registered Agent Signal Address of New Registered Agent 7. Name and Address of New Registered Agent Signal Address of New Registered Agent 7. Name and Address of New Registered Agent Signal Address of New Registered Agent 7. Name and Address of New Registered Agent Signal Address of New Registered Agent 7. Name and Address of New Registered Agent Signal Address of New Registered Agent 7. Name and Address of New Registered Agent Signal Address of New Registered Agent 7. Name and Address of New Registered Agent Signal Address of New Registered Agent 7. Name and Address of New Registered Agent Signal Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Signal Address of New Registered Agent 7. Name and Address of New Regis	US						<u> </u>	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) 	HER COLOR HER IN			
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Country Zip Country Zip Country S. Certificate of Status Deaired S8.75 Additional Fee Required	Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Name and Address of New Registered Agent 8. The Name and Address of New Registered Agent 8. The Name and Address of New Registered Agent 8. The Name and Address of New Registered Agent 8. The Name and Address of New Registered Agent 8. The Name and Address of New Registered	City & State			City & State			4. FEI Number 5	9-1615847]	
GAMMELL KAY 1113 E. TENNESSEE STREET #101 TALLAHASSEE FI. 32308 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the oil gallone of registered agent, or both, in the State of Florida. I am familiar with, and accept the oil gallone of registered agent, or both, in the State of Florida. I am familiar with, and accept the oil gallone of registered agent, or both, in the State of Florida. I am familiar with, and accept the oil gallone of registered agent, or both, in the State of Florida. I am familiar with, and accept the oil gallone of registered agent, or both, in the State of Florida. I am familiar with, and accept the oil gallone of registered agent, or both, in the State of Florida. I am familiar with, and accept the oil gallone of registered agent, or both, in the State of Florida. I am familiar with, and accept the oil gallone of registered agent, or both, in the State of Florida. I am familiar with, and accept the oil gallone of registered agent, or both, in the State of Florida. I am familiar with, and accept the oil gallone of registered agent, or both, in the State of Florida. I am familiar with, and accept the oil gallone of registered agent, or both, in the State of Florida agent, and accept the oil gallone of registered agent, or both, in the State of Florida agent, and accept the oil gallone of registered agent, or both, in the State of Florida agent, and accept the oil gallone of registered agent, or both, in the State of Florida agent, and accept the oil gallone of registered agent, or both, in the State of Florida agent, and accept the oil gallone of registered agent, or both, in the State of Florida agent, and accept the oil gallone of registered agent, or both, in the State of Florida agent, and accept the oil gallone of registered agent, or both, in the State of Florida agent, or both, in the State of Florida agent, and accept the oil gallone of registered agent, or both, in t	Zip	Cou	ntry	Zìp	Country		5. Certificate of S	tatus Desired]	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE		SSEE FL 32308			City	y		F	Zip Co	de	-	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

1-15-03

863-294-7648