


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 763534</b> 1. Entity Name <b>TAMPA BAY CRANIOFACIAL CENTER FOUNDATION, INC.</b>	
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Principal Place of Business <b>6358 MAC LAURIN DR. TAMPA, FL 33647-8164</b>	Mailing Address <b>6358 MAC LAURIN DR. TAMPA, FL 33647-8164</b>
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02022007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2637282</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HABAL, MUTAZ B. 6358 MACLAURIN DRIVE TAMPA, FL 33647</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U000000664092  
03/22/07-80030-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HABAL, MUTAZ, B. 6358 MAC LAURIN DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMD MICHAEL ABOLONEY 6358 MACLAURIN DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SCHEUERLE, JANE 6358 MACLAURIN DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Mutaz Habal* **March 8, 2007** **(213) 238-0409**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #