2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# F02424

Entity Name: NORTHWEST FLORIDA ORAL AND MAXILLOFACIAL SURGERY, P.A.

Current Principal Place of Business:

4850 NORTH 9TH AVENUE
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

4850 NORTH 9TH AVENUE
C/O J. LARRY MORRIS, D.M.D.
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-2042035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, J. LARRY, D.M.D.
4850 NORTH 9TH AVENUE
PENSACOLA, FL 32503 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: P
Name: MORRIS, J. LARRY, DMD
Address: 4850 NO 9TH AVE
City-St-Zip: PENSACOLA, FL 32503 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LARRY MORRIS DR 01/04/2011

Electronic Signature of Signing Officer or Director — Date