

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63943

FILED
Jan 09, 2009
Secretary of State

Entity Name: BAY CENTER FOR JAW SURGERY, P.A.

Current Principal Place of Business:

% RONALD COPENHAVER
168-14TH ST., S.W. STE.B
LARGO, FL 33770 US

Current Mailing Address:

% RONALD COPENHAVER
168-14TH ST., S.W. STE.B
LARGO, FL 33770 US

New Principal Place of Business:

% ROBERT S. JOHNSON
168-14TH ST., S.W. SUITE B
LARGO, FL 33770 US

New Mailing Address:

% ROBERT S. JOHNSON
168-14TH ST., S.W. SUITE B
LARGO, FL 33770 US

FEI Number: 59-2332536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPENHAVER, RONALD
168-14TH ST., S.W.
SUITE B
LARGO, FL 33770 US

Name and Address of New Registered Agent:

ROBERT S. JOHNSON
168-14TH ST., S.W.
SUITE B
LARGO, FL 33770 US

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: ROBERT S. JOHNSON

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COPENHAVER, RONALD,
Address: 168-14TH ST., S.W. STE.B
City-St-Zip: LARGO, FL 33770

Title: V () Delete
Name: JOHNSON, ROBERT
Address: 168 14TH ST SW, STE B
City-St-Zip: LARGO, FL 33770

Title: V () Delete
Name: HORNER, JAMES
Address: 168 14TH ST SW, #B
City-St-Zip: LARGO, FL 33770

Title: V (X) Delete
Name: JONES, GLEN
Address: 168 14TH ST SW #B
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D-P (X) Change () Addition
Name: ROBERT S. JOHNSON,
Address: 168-14TH ST., S.W. SUITE B
City-St-Zip: LARGO, FL 33770

Title: D-S (X) Change () Addition
Name: HORNER, JAMES L
Address: 168 14TH ST. S.W., SUITE B
City-St-Zip: LARGO, FL 33770

Title: D-T (X) Change () Addition
Name: JONES, GLEN E
Address: 168 14TH ST. S.W., SUITE B
City-St-Zip: LARGO, FL 33770

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT S. JOHNSON

D-P

01/09/2009

Electronic Signature of Signing Officer or Director

Date