

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63943

FILED
Jan 05, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

% JAMES L. HORNER
168-14TH ST., S.W. SUITE B
LARGO, FL 33770 US

Current Mailing Address:

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

New Mailing Address:

% JAMES L. HORNER
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:

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

Name and Address of New Registered Agent:

JAMES L. HORNER
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: JAMES L. HORNER

01/05/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D-VP
Name: JONES, GLEN E
Address: 168 14TH ST. S.W., SUITE B
City-St-Zip: LARGO, FL 33770

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: JAMES L. HORNER

P

01/05/2012

Electronic Signature of Signing Officer or Director

Date