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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K19925 (2)

1. Corporation Name

~~DRS. CHERRY AND HARTLEY, P.A.~~

NORTH FLORIDA ORAL AND FACIAL SURGERY, P.A.

Principal Place of Business

Mailing Address

% MITCHELL W. LEGLER  
4131 UNIVERSITY BLVD. SOUTH  
JACKSONVILLE FL 32216-4316

% MITCHELL W. LEGLER  
4131 UNIVERSITY BLVD. SOUTH  
JACKSONVILLE FL 32216-4316

NIC 1-5-96  
SG.



3. Date Incorporated or Qualified  
03/31/1988

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

F&L CORP.  
200 LAURA ST.  
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME CHERRY, JAMES E.  
STREET ADDRESS 4131 UNIVERSITY BLVD S  
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE

NAME HARTLEY, GREGORY W  
STREET ADDRESS 4131 UNIV. BLVD. S.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME VP  
3.3 STREET ADDRESS GREGORY J. GROSHAN, DMD  
3.4 CITY-ST-ZIP 4131 UNIVERSITY BLVD. S  
JACKSONVILLE, FL. 32216

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME T  
4.3 STREET ADDRESS DAVID D. WOODS, DMD  
4.4 CITY-ST-ZIP 4131 UNIVERSITY BLVD. S.  
JACKSONVILLE, FL. 32216

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

400001807534

05/04/96 01003-023

\*\*\*200.00

25.1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James E. Cherry* JAMES E. CHERRY, DMD, PRES. 4-24-96 904-737-6733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)