

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **K19925** (2)
1. Corporation Name
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 32216-4326

3. Date Incorporated or Qualified

03/31/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

50-2880470

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 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 of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

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	VP	DELETE
NAME	GROSHAN, GREGORY J. DMD	
STREET ADDRESS	4131 UNIVERSITY BLVD. S.	
CITY- ST- ZIP	JACKSONVILLE FL 32216	
TITLE	T	DELETE
NAME	WOODS, DAVID D., DMD	
STREET ADDRESS	4131 UNIVERSITY BLVD. S.	
CITY- ST- ZIP	JACKSONVILLE FL 32216	
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		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
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		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-97 904-737-6733
Date Daytime Phone #

CR2E034 (9/96)