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FILED

Feb 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1988

4. FEI Number

59-2880470

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 the, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
CHERRY, JAMES E.  
4131 UNIVERSITY BLVD S  
JACKSONVILLE FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S  
HARTLEY, GREGORY W  
4131 UNIV. BLVD. S.  
JACKSONVILLE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP  
GROSHAN, GREGORY J. DMD  
4131 UNIVERSITY BLVD. S.  
JACKSONVILLE FL 32216

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T  
WOODS, DAVID D., DMD  
4131 UNIVERSITY BLVD. S.  
JACKSONVILLE FL 32216

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T  
O'BREEN, DAVID A. DMD  
4131 UNIVERSITY BLVD. S.  
JAX FL 32216

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T  
O'BREEN, DAVID A. DMD  
4131 UNIVERSITY BLVD. S.  
JAX FL 32216

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

14. I 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, in an attachment with an address. Gregory W. Hartley DMD

SIGNATURE:

Gregory W. Hartley DMD Pres. 2/17/98 904-737-6733

CR2E034 (10/97)