

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K19925

1. Entity Name

NORTH FLORIDA ORAL AND FACIAL SURGERY, P.A.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90020 022 ***150.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2880470**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	O'BRIEN, DAVID A DMD	
STREET ADDRESS	4131 UNIVERSITY BLVD S	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARTLEY, GREGORY W	
STREET ADDRESS	4131 UNIV. BLVD. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	S	<input type="checkbox"/> Delete
NAME	GROSHAN, GREGORY J. DMD	
STREET ADDRESS	4131 UNIVERSITY BLVD. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOODS, DAVID D., DMD	
STREET ADDRESS	4131 UNIVERSITY BLVD. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00
Date

904-737-6733
Daytime Phone #

CR2E034 (9/99)