2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006
Secretary of State

DOCUMENT# K19925

Entity Name: NORTH FLORIDA ORAL AND FACIAL SURGERY, P.A.

Current Principal Place of Business:

% MITCHELL W. LEGLER
4131 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 322164316

New Principal Place of Business:

Current Mailing Address:

% MITCHELL W. LEGLER
4131 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 322164316

New Mailing Address:

FEI Number: 59-2880470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: O'BRIEN, DAVID A DMD
Address: 4131 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: P ( ) Delete
Name: HARTLEY, GREGORY W
Address: 4131 UNIV. BLVD. S.
City-St-Zip: JACKSONVILLE, FL 32216

Title: S ( ) Delete
Name: GROSHAN, GREGORY J., DMD
Address: 4131 UNIVERSITY BLVD. S.
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP ( ) Delete
Name: WOODS, DAVID D., DMD,
Address: 4131 UNIVERSITY BLVD. S.
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GREGORY W. HARTLEY, DMD PRES 01/23/2006

Electronic Signature of Signing Officer or Director — Date