

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K19925

FILED
Jan 05, 2010
Secretary of State

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:

% MITCHELL W. LEGLER
4133 UNIVERSITY BLVD. SOUTH #3
JACKSONVILLE, FL 322164316

Current Mailing Address:

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

New Mailing Address:

% MITCHELL W. LEGLER
4133 UNIVERSITY BLVD. SOUTH #3
JACKSONVILLE, FL 322164316

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
Name: O'BRIEN, DAVID A DMD
Address: 4133 UNIVERSITY BLVD S #3
City-St-Zip: JACKSONVILLE, FL 32216

Title: P
Name: HARTLEY, GREGORY W
Address: 4133 UNIV. BLVD. S. #3
City-St-Zip: JACKSONVILLE, FL 32216

Title: S
Name: GROSHAN, GREGORY J. DMD
Address: 4133 UNIVERSITY BLVD. S. #3
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: WOODS, DAVID D., DMD
Address: 4133 UNIVERSITY BLVD. S. #3
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: GREGORY W HARTLEY DMD

MGRM

01/05/2010

Electronic Signature of Signing Officer or Director

Date