

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K19925

FILED  
Apr 28, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

RONALD MAXWELL  
4161 UNIVERSITY BLVD  
JACKSONVILLE, FL 322164316

**Current Mailing Address:**

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

**New Mailing Address:**

RONALD MAXWELL  
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:**

MAXWELL, RONALD  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

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: RONALD MAXWELL

04/28/2011

Electronic Signature of Registered Agent

Date

**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

PRES

04/28/2011

Electronic Signature of Signing Officer or Director

Date