

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K19925

FILED
Feb 08, 2012
Secretary of State

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

Current Principal Place of Business:

RONALD MAXWELL
4161 UNIVERSITY BLVD
JACKSONVILLE, FL 322164316

New Principal Place of Business:

RONALD MAXWELL
11481 OLD ST. AUGUSTINE ROAD, SUITE 203
JACKSONVILLE, FL 32258

Current Mailing Address:

RONALD MAXWELL
4133 UNIVERSITY BLVD. SOUTH #3
JACKSONVILLE, FL 322164316

New Mailing Address:

RONALD MAXWELL
11481 OLD ST. AUGUSTINE ROAD, SUITE 203
JACKSONVILLE, FL 32258

FEI Number: 59-2880470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MAXWELL, RONALD
11481 OLD ST. AUGUSTINE ROAD
SUITE 203
JACKSONVILLE, FL 32258 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:

02/08/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: O'BRIEN, DAVID A DMD
Address: 11481 OLD ST. AUGUSTINE ROAD, SUITE 203
City-St-Zip: JACKSONVILLE, FL 32258

Title: P
Name: HARTLEY, GREGORY W
Address: 11481 OLD ST. AUGUSTINE ROAD, SUITE 203
City-St-Zip: JACKSONVILLE, FL 32258

Title: S
Name: GROSHAN, GREGORY J. DMD
Address: 11481 OLD ST. AUGUSTINE ROAD, SUITE 203
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP
Name: WOODS, DAVID D., DMD
Address: 11481 OLD ST. AUGUSTINE ROAD, SUITE 203
City-St-Zip: JACKSONVILLE, FL 32258

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

P

02/08/2012

Electronic Signature of Signing Officer or Director

Date