


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000003846
 1. Entity Name
ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PLLC



Principal Place of Business Mailing Address
7 CLIFFORD DRIVE **7 CLIFFORD DRIVE**
SHALIMAR, FL 32579 **SHALIMAR, FL 32579**

DO NOT WRITE IN THIS SPACE



01262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
02-0558797 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
FLEET, H. BART
FLEET, SPENCER, MARTIN & KILPATRICK, PA
1104 EGLIN PARKWAY
SHALIMAR, FL 32579-0000

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELWELL, CHARLES W JR. 7 CLIFFORD DRIVE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OGLETREE, ROBERT C JR. 7 CLIFFORD DRIVE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000057346
 02/19/04-80058-008 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Robert C Ogletree Jr* Date: 2/13/04 (850) 651-6882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #