


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000003846 1. Entity Name ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PLLC	
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Principal Place of Business 7 CLIFFORD DRIVE SHALIMAR, FL 32579	Mailing Address 7 CLIFFORD DRIVE SHALIMAR, FL 32579
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DO NOT WRITE IN THIS SPACE



01192005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0558797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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

**Filing Fee is \$50.00
Due by May 1, 2005**

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
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02/02/05-80087-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/31/05 (850) 651-6882
Date Daytime Phone #