

**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



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

**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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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, 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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U00000210655  
 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: *Charles W. Elwell*      1/31/05 (850) 651-6882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #