

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000003846

1. Entity Name
**ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES,
PLLC**



Principal Place of Business

**7 CLIFFORD DRIVE
SHALIMAR, FL 32579**

Mailing Address

**7 CLIFFORD DRIVE
SHALIMAR, FL 32579**

DO NOT WRITE IN THIS SPACE



02062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
02-0558797

Applied For
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**

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. **MANAGING MEMBERS/MANAGERS**

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

000000445481
03/07/06-80048-006 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/14/06

Date

(850) 651-6882

Daytime Phone #