

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003846

FILED
Feb 02, 2007
Secretary of State

Entity Name: ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PLLC

Current Principal Place of Business:

7 CLIFFORD DRIVE
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

7 CLIFFORD DRIVE
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 02-0558797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEET, H. BART
FLEET, SPENCER, MARTIN & KILPATRICK, PA
1104 EGLIN PARKWAY
SHALIMAR, FL 325790000 US

Name and Address of New Registered Agent:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 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: KEVIN M. HELMICH

02/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ELWELL, CHARLES W JR.
Address: 7 CLIFFORD DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: MGR (X) Delete
Name: OGLETREE, ROBERT C JR.
Address: 7 CLIFFORD DRIVE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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, JR.

MGR

02/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date