

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 06, 2009
Secretary of State**

DOCUMENT# L02000003846

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:

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

Name and Address of New Registered Agent:

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:

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

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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

02/06/2009

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