

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90001 050 ***150.00

DOCUMENT # M97260

1. Entity Name

ORLANDO ORAL & FACIAL SURGERY, P.A.



Principal Place of Business

% CHRISTOPHER G. RAFFERTY
2045 LEE RD
WINTER PARK FL 32789
US

Mailing Address

% CHRISTOPHER G. RAFFERTY
2045 LEE ROAD
WINTER PARK FL 32789
US

04000001



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2907504

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAFFERTY, CHRISTOPHER G.
2045 LEE ROAD
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME RAFFERTY, CHRISTOPHER G.
STREET ADDRESS 2045 LEE ROAD
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 1VP ☐ Delete
NAME HALL, MATTHEW DMD MD
STREET ADDRESS 2045 LEE RD.
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 2VP ☐ Delete
NAME WILLIS, MICHAEL DMD
STREET ADDRESS 2045 LEE RD
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 3VP ☐ Delete
NAME Taglione, Rob DMD MD
STREET ADDRESS 2045 Lee Road
CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 4VP ☐ Delete
NAME Ricalde, Pat DMD MD
STREET ADDRESS 2045 Lee Road
CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 5th VP ☐ Change ☒ Addition
NAME Carlos Alvarez DMD
STREET ADDRESS 2045 Lee Road
CITY-ST-ZIP Winter Park, FL 32789

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHRIS RAFFERTY DMD 1-25-04 629-4444