


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M97260</b>	
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
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**DO NOT WRITE IN THIS SPACE**



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2907504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RAFFERTY, CHRISTOPHER G. 2045 LEE ROAD WINTER PARK, FL 32789	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAFFERTY, CHRISTOPHER G. 2045 LEE ROAD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP HALL, MATTHEW DMD MD 2045 LEE RD. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP WILLIS, MICHAEL DMD 2045 LEE RD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3V TAGLION, ROB 2045 LEE RD. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4V RICALDE, PAT 2045 LEE RD. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5V ALVAREZ, CARLOS DMD 2045 LEE RD. WINTER PARK, FL 32789

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03/28/05-80014-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**  **3/24/05 407-629-4444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X217