


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M97260 1. Entity Name ORLANDO ORAL & FACIAL SURGERY, P.A.						FILED 05 SEP 13 AM 11:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address 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 <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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAFFERTY, CHRISTOPHER G. 2045 LEE RD. WINTER PARK, FL 32789			TITLE NAME STREET ADDRESS CITY-ST-ZIP	4VP DEAN H. WHITMAN, D.M.D. 2045 LEE RD. 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	Change Addition		
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	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3V TAGLION, ROB 2045 LEE RD. WINTER PARK, FL 32789			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4V RICALDE, PAT 2045 LEE RD. WINTER PARK, FL 32789			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5V ALVAREZ, CARLOS DMD 2045 LEE RD. WINTER PARK, FL 32789			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
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: <u>Matthew Hall</u> (Matthew J. Hall) 8-30-05 (407) 629-4444 x217 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date Daytime Phone #</small>							