

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M97260

FILED
May 03, 2006
Secretary of State

Entity Name: ORLANDO ORAL & FACIAL SURGERY, P.A.

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

% DEAN H WHITMAN
2045 LEE RD
WINTER PARK, FL 32789 US

New Mailing Address:

% DEAN H WHITMAN
2045 LEE ROAD
WINTER PARK, FL 32789 US

FEI Number: 59-2907504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WHITMAN, DEAN H
2045 LEE ROAD
WINTER PARK, FL 32789 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: DEAN H WHITMAN

05/03/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAFFERTY, CHRISTOPHE, R G.
Address: 2045 LEE ORAD
City-St-Zip: WINTER PARK, FL 32789

Title: 1VP () Delete
Name: HALL, MATTHEW DMD MD
Address: 2045 LEE RD.
City-St-Zip: WINTER PARK, FL 32789

Title: 2VP () Delete
Name: WILLIS, MICHAEL DMD
Address: 2045 LEE RD
City-St-Zip: WINTER PARK, FL 32789

Title: 3V () Delete
Name: TAGLIONE, ROB
Address: 2045 LEE RD.
City-St-Zip: WINTER PARK, FL 32789

Title: 4VP () Delete
Name: WHITMAN, DEAN D.M.D.
Address: 2045 LEE RD.
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WHITMAN, DEAN H.,
Address: 2045 LEE ROAD
City-St-Zip: WINTER PARK, FL 32789

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

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

Title: 3V (X) Change () Addition
Name: TAGLIONE, ROB
Address: 2045 LEE RD.
City-St-Zip: WINTER PARK, FL 32789

Title: 4VP (X) Change () Addition
Name: FIGUEROA, RUBEN
Address: 2045 LEE RD.
City-St-Zip: WINTER PARK, FL 32789

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN H WHITMAN

D

05/03/2006

Electronic Signature of Signing Officer or Director

Date