FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Jan 15 1998 8:00am
Secretary of State

DOCUMENT # **N43521** **(6)**
1. Corporation Name

JACKSON ORAL AND MAXILLOFACIAL SURGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
% UNIV. OF MIAMI · DEPT. OF ORAL SURGERY 1611 NW 12TH AVE. MIAMI FL 33136	% UNIV. OF MIAMI-DEPT. OF ORAL SURGERY 1611 NE 12TH AVE D44 MIAMI FL 33136 US

3. Date Incorporated or Qualified **05/20/1991**

4. FEI Number **65-0344606**	Applied For	Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KLINE, STUART N. 10220 S.W. 71 AVE. MIAMI FL 33156	B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **TP** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **KLINE, STUART N.**	1.2 NAME	
STREET ADDRESS **10220 S.W. 71 AVE.**	1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**	1.4 CITY-ST-ZIP	
TITLE **TV** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **MARX, ROBERT E.**	2.2 NAME	
STREET ADDRESS **6000 CHAPMAN FIELD DR.**	2.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**	2.4 CITY-ST-ZIP	
TITLE **TV** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **STEVENS, MARK R.**	3.2 NAME	
STREET ADDRESS **12375 S.W. 63RD AVE.**	3.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**	3.4 CITY-ST-ZIP	
TITLE **TST** ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME **MORALES, MARCO J.**	4.2 NAME	
STREET ADDRESS **18450 SW 254 ST**	4.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**	4.4 CITY-ST-ZIP	
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stuart N. Kline* 1/8/98 (305)585-6070

CR2E037 (10/97)