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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005708 (0)**

1. Corporation Name

**ORAL-MAXILLOFACIAL SURGERY RESIDENTS EDUCATION F  
UND, INC.**

Principal Place of Business

Mailing Address

**6000 CHAPMAN FIELD DR  
MIAMI FL 33156**

**6000 CHAPMAN FIELD DR  
MIAMI FL 33156**



3. Date Incorporated or Qualified

**11/05/1996**

4. FEI Number **EIN 31-1500892**

Applied For

**APPLIED FOR**

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 ACCE DEPT OMFS**

**26 6000 CHAPMAN FIELD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 1111 N.W. 12th AVE**

**27**

City & State

City & State

**23 MIAMI FL**

**28 MIAMI FL**

Zip

Country

Zip

Country

**24 33136**

**25 USA**

**29 33156**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELUCA, FRANCIS R  
100 SE 6TH ST  
FT LAUDERDALE FL 33301**

81 Name

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

83

84 City

**FL**

85 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☐ DELETE

NAME **MARX, ROBERT**  
STREET ADDRESS **6000 CHAPMAN FIELD DR**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **SD** ☐ DELETE

NAME **MARX, VIRGINIA**  
STREET ADDRESS **6000 CHAPMAN FIELD DR**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ DELETE

NAME **MORALES, MARCO**  
STREET ADDRESS **18450 SW 254 ST**  
CITY-ST-ZIP **HOMESTEAD FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 21, 1998 (305) 585-2572**

Date

Daytime Phone # 0031136

CR2E037 (10/97)