

FILED  
Apr 26, 2004 8:00 am  
Secretary of State

04-26-2004 90468 046 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

|                                      |               |
|--------------------------------------|---------------|
| DOCUMENT #                           | P 01000001323 |
| 1. Entity Name                       |               |
| Tampa Bay Jaw & Facial Surgery, P.A. |               |

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|                                |         |                          |         |
|--------------------------------|---------|--------------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address       |         |
| 14005 North Dale Mabry Hwy.    |         | 16011 Nebraska Avenue N. |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc.      |         |
| Suite 106                      |         | Suite 106                |         |
| City & State                   |         | City & State             |         |
| Tampa, FL                      |         | Lutz, FL                 |         |
| Zip                            | Country | Zip                      | Country |
| 33618                          | USA     | 33549-6158               | USA     |

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|                                  |                                |
|----------------------------------|--------------------------------|
| 4. FEI Number                    | Applied For                    |
| 59-3687020                       | Not Applicable                 |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/>         |                                |

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7. Name and Address of Current Registered Agent

|  |            |
|--|------------|
| Name   |            |
| John A. Countryman, CPA                            |            |
| Street Address (P.O. Box Number is Not Acceptable) |            |
| Countryman & Assoc. PA CPA                         |            |
| 16011 Nebraska Avenue North Suite 106              |            |
| City   | Zip Code   |
| Lutz   | 33549-6158 |

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:  John A. Countryman, CPA 4/20/2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                            |
|----------------|----------------------------|
| TITLE          | DPS                        |
| NAME           | Christine M. Mrugala       |
| STREET ADDRESS | 14005 North Dale Mabry Hwy |
| CITY-ST-ZIP    | Tampa, FL 33618            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
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11.

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| CITY-ST-ZIP    |  |

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Christine M. Mrugala \ Director 4/20/2004 (813) 264-2286  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #