

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000077817

FILED
Apr 17, 2009
Secretary of State

Entity Name: OROFACIAL & DENTAL IMPLANT SURGERY ASSOCIATES, P.A.

Current Principal Place of Business:

7352 STONEROCK CIRCLE
ORLANDO, FL 32819

New Principal Place of Business:

7352 STONEROCK CIRCLE
SUITE A
ORLANDO, FL 32819

Current Mailing Address:

7352 STONEROCK CIRCLE
ORLANDO, FL 32819

New Mailing Address:

7352 STONEROCK CIRCLE
SUITE A
ORLANDO, FL 32819

FEI Number: 59-3736325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, OFILIO J
7352 STONEROCK CIRCLE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

MORALES, OFILIO J
7352 STONEROCK CIRCLE
SUITE A
ORLANDO, FL 32819 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:

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MORALES, OFILIO J
Address: 7352 STONEROCK CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: VP () Delete
Name: SHAIKH, ZAKIR M.D.
Address: 7352 STONEROCK CIRCLE
City-St-Zip: ORLANDO, FL 32819 US

Title: VP () Delete
Name: SEDAROS, STEVE D.M.D.
Address: 7352 STONEROCK CIRCLE
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MORALES, OFILIO J
Address: 7352 STONEROCK CIRCLE, SUITE A
City-St-Zip: ORLANDO, FL 32819

Title: VP (X) Change () Addition
Name: SHAIKH, ZAKIR M.D.
Address: 7352 STONEROCK CIRCLE, SUITE A
City-St-Zip: ORLANDO, FL 32819 US

Title: VP (X) Change () Addition
Name: SEDAROS, STEVE D.M.D.
Address: 7352 STONEROCK CIRCLE, SUITE A
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify 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: OFILIO J MORALES

PSTD

04/17/2009

Electronic Signature of Signing Officer or Director

Date