

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000077817

**FILED**  
**May 01, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

7352 STONEROCK CIRCLE  
SUITE A  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7352 STONEROCK CIRCLE  
SUITE A  
ORLANDO, FL 32819

**New Mailing Address:**

**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  
SUITE A  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: OFILIO MORALES

PSTD

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date