2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# P01000088304

Entity Name: LAKE ORAL & MAXILLOFACIAL SURGERY, INC.

Current Principal Place of Business:

235 CITRUS TOWER BLVD
SUITE 101
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

PO BOX 223
MT DORA, FL 327560223

New Mailing Address:

FEI Number: 59-3747153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWERS, THOMAS L IV
34828 MARSHALL RD
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

BOWERS, THOMAS L IV
102 WINGFIELD DRIVE
UMATILLA, FL 32784 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: THOMAS L BOWERS IV 01/08/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: BOWERS, THOMAS L IV
Address: 34828 MARSHALL RD
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: BOWERS, THOMAS L IV
Address: 102 WINGFIELD DRIVE
City-St-Zip: UMATILLA, FL 32784

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS L BOWERS IV DR 01/08/2006
Electronic Signature of Signing Officer or Director Date