

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000091518

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** ORAL SURGICAL INSTITUTE, P.A.

**Current Principal Place of Business:**

400 CELEBRATION PLACE  
SUITE A-260  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

400 CELEBRATION PLACE  
SUITE A-260  
CELEBRATION, FL 34747

**New Mailing Address:**

**FEI Number:** 57-1186116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARDEMAN, JOHN  
400 CELEBRATION PLACE  
SUITE A-260  
CELEBRATION, FL 34747 US

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

HARDEMAN, JOHN H  
400 CELEBRATION PLACE  
SUITE A-260  
CELEBRATION, FL 34747 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:** JOHN H HARDEMAN

01/07/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** HARDEMAN, JOHN  
**Address:** 400 CELEBRATION PLACE SUITE A-260  
**City-St-Zip:** CELEBRATION, FL 34747

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:** JOHN H HARDEMAN

DR

01/07/2010

Electronic Signature of Signing Officer or Director

Date