2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P04000006683

Entity Name: ST. AUGUSTINE ORAL & FACIAL SURGICAL CENTER, P.A.

Current Principal Place of Business:

17 RIVER RIDGE TRAIL
ORMOND BEACH, FL 32174

New Principal Place of Business:

1301 PLANTATION ISLAND DRIVE
SUITE # 101
ST. AUGUSTINE, FL 32080

Current Mailing Address:

17 RIVER RIDGE TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

1301 PLANTATION ISLAND DRIVE
SUITE # 101
ST. AUGUSTINE, FL 32080

FEI Number: 20-0618977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, CATHERINE
17 RIVER RIDGE TRAIL
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

JOHNSON, DOUGLAS L
1301 PLANTATION ISLAND DRIVE
SUITE #101
ST. AUGUSTINE, FL 32080 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: DOUGLAS L. JOHNSON 04/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: JOHNSON, DOUGLAS L
Address: 17 RIVER RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: JOHNSON, DOUGLAS L
Address: 1301 PLANTATION ISLAND DRIVE #101
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOUGLAS L. JOHNSON PSTD 04/26/2005
Electronic Signature of Signing Officer or Director Date