

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000041313

FILED
Apr 21, 2008
Secretary of State

Entity Name: ORLANDO ORAL & FACIAL SURGERY, P.A.

Current Principal Place of Business:

2045 LEE ROAD
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

2045 LEE ROAD
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 56-2567486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, RICHARD M ESQ
301 EAST PINE STREET SUITE 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

GERENA, EVELIS
2045 LEE ROAD
WINTER PARK, FL 32789 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: EVELIS GERENA

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: WHITMAN, DEAN H DMD
Address: 2045 LEE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: AS () Delete
Name: HALL, MATTHEW D.M.D.
Address: 2045 LEE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: AS () Delete
Name: WILLIS, MICHAEL D.M.D.
Address: 2045 LEE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: AS () Delete
Name: FIGUEROA, RUBEN D.M.D.
Address: 2045 LEE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: AS () Delete
Name: AZIZI, ABDUL D.M.D.
Address: 2045 LEE ROAD
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEAN H. WHITMAN, DMD

DPST

04/21/2008

Electronic Signature of Signing Officer or Director

Date