

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139770

FILED
Jan 27, 2012
Secretary of State

Entity Name: CITRUS ORAL & MAXILLOFACIAL SURGERY, P.A.

Current Principal Place of Business:

6129 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 344298722

New Principal Place of Business:

Current Mailing Address:

6129 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 344298722

New Mailing Address:

FEI Number: 20-5898651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOROWITZ, MITCHELL I
501 E KENNEDY BLVD
STE 1700
TAMPA, FL 33602 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: DR.
Name: BROCKETT, ROBERT L
Address: 6129 W CORPORATE OAKS DR
City-St-Zip: CRYSTAL RIVER, FL 344298722

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: ROBERT BROCKETT

MGR

01/27/2012

Electronic Signature of Signing Officer or Director

Date