

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099848

FILED
Apr 27, 2009
Secretary of State

Entity Name: ORAL AND FACIAL SURGERY CENTER OF TALLAHASSEE, P.A.

Current Principal Place of Business:

3375-D CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE, FL 32308

New Principal Place of Business:

3375-D CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE, FL 32308 US

Current Mailing Address:

3375-D CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE, FL 32308

New Mailing Address:

3375-D CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE, FL 32308 US

FEI Number: 61-1538348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLLEY, BARRETT
2274 WEDNESDAY STREET
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

TOLLEY, BARRETT
3375-D CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE, FL 32308 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: BARRETT R. TOLLEY

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOLLEY, BARRETT R
Address: 3375-D CAPITAL CIRCLE, NE SUITE 2
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOLLEY, BARRETT R
Address: 3375-D CAPITAL CIRCLE, NE SUITE 2
City-St-Zip: TALLAHASSEE, FL 32308 US

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: BARRETT R. TOLLEY

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date