

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099848

FILED
Feb 18, 2010
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 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
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 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: BARRETT TOLLEY

P

02/18/2010

Electronic Signature of Signing Officer or Director

_____ Date