

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000030366

FILED
Jan 14, 2010
Secretary of State

Entity Name: NORTH PORT ORAL SURGERY, INC.

Current Principal Place of Business:

2787 SYCAMORE ST., BLDG F., STE 106
NORTH PORT, FL 34289 US

New Principal Place of Business:

Current Mailing Address:

2787 SYCAMORE ST., BLDG F., STE 106
NORTH PORT, FL 34289 US

New Mailing Address:

FEI Number: 26-2404246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNE, MARK C
5886 TYLER ROAD
VENICE, FL 34293 US

Name and Address of New Registered Agent:

BURNE, MARK C
2787 SYCAMORE ST., BLDG F., STE 106
NORTH PORT, FL 34289 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: MARK C BURNE

01/14/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S,
Name: BURNE, MARK C
Address: 2787 SYCAMORE ST., BLDG F., STE 106
City-St-Zip: NORTH PORT, FL 34289 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: MARK C BURNE

P

01/14/2010

Electronic Signature of Signing Officer or Director

Date