

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000065656

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: BOCA JAW SURGERY, P.A.

**Current Principal Place of Business:**

20423 STATE ROAD 7  
SUITE F-14  
BOCA RATON, FL 33498 US

**New Principal Place of Business:**

**Current Mailing Address:**

20423 STATE ROAD 7  
SUITE F-14  
BOCA RATON, FL 33498 US

**New Mailing Address:**

9177 DELEMAR COURT  
WELLINGTON, FL 33414 US

FEI Number: 26-2961471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATZ, RONALD L  
20423 STATE ROAD 7  
SUITE F-14  
BOCA RATON, FL 33498 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: PD ( ) Delete  
Name: KATZ, RONALD L DR.  
Address: 20423 STATE ROAD 7, SUITE F-14  
City-St-Zip: BOCA RATON, FL 33498 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: KATZ, RONALD L DR.  
Address: 9177 DELEMAR COURT  
City-St-Zip: WELLINGTON, FL 33414 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: RONALD L. KATZ

DR.

04/16/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date