

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000097207

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** MIAMI ORAL FACIAL SURGERY, P.A.

**Current Principal Place of Business:**

1155 BRICKELL BAY DR #1103  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

1155 BRICKELL BAY DR #1103  
MIAMI, FL 33131 US

**New Mailing Address:**

**FEI Number:** 27-1406194      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LOZANO, TERESA  
1155 BRICKELL BAY DR #1103  
MIAMI, FL 33131 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: PVST  
Name: LOZANO, TERESA  
Address: 1155 BRICKELL BAY DR #1103  
City-St-Zip: MIAMI, FL 33131 US

Title: D  
Name: LOZANO, TERESA  
Address: 1155 BRICKELL BAY DR #1103  
City-St-Zip: MIAMI, FL 33131 US

Title: D  
Name: ALCALDE, RAFAEL  
Address: 1155 BRICKELL BAY DR #1103  
City-St-Zip: MIAMI, FL 33131 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: TERESA LOZANO

PRES

03/30/2011

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

\_\_\_\_\_  
Date