

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000014765

FILED
Jan 11, 2011
Secretary of State

Entity Name: ORAL-FACIAL RECONSTRUCTION AND IMPLANT CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

100 N.W. 82ND AVE.
SUITE 102
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

5531 N UNIVERSITY DR
SUITE 104
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 59-2043705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, KURT E
100 NW 82 AVE
SUITE 102
PLANTATION, FL 33324 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: PSD
Name: FRIEDMAN, KURT E
Address: 100 N.W. 82ND AVE.
City-St-Zip: PLANTATION, FL 33324

Title: VTD
Name: PAYTON, KEVIN L
Address: 100 N.W. 82ND AVE.
City-St-Zip: PLANTATION, FL 33324

Title: T
Name: CARDENAS, LUIS
Address: 100 NW 82ND AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: DIR
Name: TENDLER, ALFREDO
Address: 100 N.W. 82ND AVE.
City-St-Zip: PLANTATION, FL 33324

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: KEVIN PAYTON

VTD

01/11/2011

Electronic Signature of Signing Officer or Director

Date