

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000014765

**FILED**  
**Jan 10, 2012**  
**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

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

01/10/2012

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

\_\_\_\_\_  
Date