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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000073577

1. Corporation Name

ORAL SURGERY ASSOCIATES OF CENTRAL FLORIDA, P.A.

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90027 040 ***150.00

Principal Place of Business			Mailing Address				(1904/1004 tra tour atou partu		BEN 11501 BEIGH		
7651-B ASHLEY PARK COURT, STE. 406		7651	7651-B ASHLEY PARK COURT, STE. 406								
ORLANDO FL 32835			ORLANDO FL 32835				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed	- 114 1711.5 4	JF AOL		
							10/03/1994			ļ	
2 Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For	
—	ace of Dusiness	_ ⊢ ¬	26				59-3275979		_ 	t Applicable	
21 Suite, Apt. #, etc.		-	Suite, Apt. #, etc.						\$8.75	dditional	
22		27					5. Certifcate of Status Desired		Fee Re	guired	-
City & State	9		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution	<u> </u>	Added t	o Fees	
Zip	Country		Zip Country				8. This corporation owes the current				
24	25	29		30			Personal Property Tax.			□No	
	9. Name and Address of Current	nt Registe	red Agent		1001		10. Name and Address of New Re	gistered A	gent		
DOM	THOON DOUGHAS K				81	Name					
POWELSON, DOUGLAS K		406	106			Street Addre	ss (P.O. Box Number is Not Acceptable)				
7651-B ASHLEY PARK COURT, STE. ORLANDO FL 32835		. 400	100						_		
OND	ANDO FE 32833				83					,	
					84	City			85 Zip C	Code	
					\sqcup		and in the statement for the o	FL.	hanging its	ragistared	
office or n	egistered agent or both in the State	of Florida	i. Such change was a	uthorized	ועלונ	tne comoratio	oration submits this statement for the pon's board of directors. I hereby accept	the appoin	manging its tment as req	gistered	
agent. I a	m familiar with, and accept the obliga	ations of, S	Section 607.0505, Flo	rida Stat	utes.						
SIGNATURE								DATE		i	
	Signature, typed or printed name of registered age			_ <u></u> -	Ageni	t signature required	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12	ć
12.	OFFICERS AI		TORS	13.		t signature required	d when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	(00,77
12.	OFFICERS AF			13.	TLE	t signature required					(00,77)
12. TITLE NAME	OFFICERS AF DP POWELSON, DOUGLAS K	ND DIREC	TORS DELETE	13. 1.1 TI 1.2 N	TLE AME						(00,77)
12. TITLE NAME STREET ADDRESS	DP POWELSON, DOUGLAS K 7651-B ASHLEY PARK COURT	ND DIREC	TORS DELETE	13. 1.1 TI 1.2 N 1.3 S	TLE AME TREET	ADORESS					000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND POWELSON, DOUGLAS K 7651-B ASHLEY PARK COURT ORLANDO FL 32835	ND DIREC	TORS DELETE	13. 1.1 TI 1.2 N 1.3 S	TLE AME TREET	ADORESS					(00) 447 1000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP POWELSON, DOUGLAS K 7651-B ASHLEY PARK COURT ORLANDO FL 32835 DV	ND DIREC	DELETE DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI	TLE AME TREET ITY-ST	ADORESS			Change	☐ Addition	100,44,400,000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP POWELSON, DOUGLAS K 7651-B ASHLEY PARK COURT ORLANDO FL 32835 DV KIELTS, THEODORE R	ND DIREC	DELETE DELETE DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 C 2.1 TI 2.2 N.	TLE AME TREET ITY-ST TLE AME	ADORESS			Change	☐ Addition	1000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP POWELSON, DOUGLAS K 7651-B ASHLEY PARK COURT ORLANDO FL 32835 DV KIELTS, THEODORE R 7651-B ASHLEY PARK COURT	T, STE. 4	DELETE DELETE DELETE DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	TLE AME TREET TLE AME TREET	ADDRESS 1-ZIP ADDRESS			Change	☐ Addition	100,111,100,100,00
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS - CITY: ST-ZIP	DP POWELSON, DOUGLAS K 7651-B ASHLEY PARK COURT ORLANDO FL 32835 DV KIELTS, THEODORE R	T, STE. 4	DELETE DELETE DELETE DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	TLE AME TREET TLE AME TREET	ADDRESS F-ZIP			Change	☐ Addition	100,117
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP POWELSON, DOUGLAS K 7651-B ASHLEY PARK COURT ORLANDO FL 32835 DV KIELTS, THEODORE R 7651-B ASHLEY PARK COURT	T, STE. 4	DELETE DELETE DELETE DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	TLE AME TREET TY-ST TLE AME TREET TREET	ADDRESS 1-ZIP ADDRESS			Change	Addition	1000
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS - CITY- ST-ZIP TITLE NAME STREET ADDRESS	DP POWELSON, DOUGLAS K 7651-B ASHLEY PARK COURT ORLANDO FL 32835 DV KIELTS, THEODORE R 7651-B ASHLEY PARK COURT	T, STE. 4	DELETE DELETE DELETE DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	TLE AME TREET TLE AME TREET TREET TTLE AME TREET TTLE AME	ADDRESS -ZIP -ADDRESS -ZIP			Change	Addition	1000
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: