2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2012
Secretary of State

DOCUMENT# P97000019233

Entity Name: COASTAL JAW SURGERY OF NEW PORT RICHEY, P.A.

Current Principal Place of Business:

6731 MADISON STREET
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

6731 MADISON STREET
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3432739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERGER, TODD E ESQ.
10225 ULMERTON ROAD
SUITE#4A
LARGO, FL 33771 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: DR
Name: MITCHELL, MARK W DDS
Address: 6731 MADISON STREET
City-St-Zip: NEW PORT RICHEY, FL 34652 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: MARK MITCHELL PRES 01/17/2012

Electronic Signature of Signing Officer or Director — Date