Applied For

Not Applicable

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

2. Principal Place of Business

21



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000050012

SOUTHERN FLORIDA ORAL SURGERY ASSOCIATES, INC.

Principal Place of Business Mailing Address 4933 N. TAMIAMI TRL., STE. 100 NAPLES FL 34103 4933 N. TAMIAMI TRL. STE. 100 NAPLES FL 34103 118

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2a. Mailing Address

FILED

99 JAN 14 PM 12: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/01/1997

59-3466505

4. FEI Number

		4224			_			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			_	5. Certificate of Status Desired \$8.75 Additional Fee Required	
22) City & Stat		27	City & State					
—, ´		-	Oily & Giate				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23 7:n	Country	28	Zip	Cou	ota	<del></del>		
Zip	25	-	· ·	_	ilu y		8. This corporation owes the current year Intangible Personal Property Tax.   Yes  No	
24	9. Name and Address of Current I	29		0			Personal Property Tax. Lives LiNo  10. Name and Address of New Registered Agent	
	s. Name and Address of Current I	regis	sterag Agent		81	Name	10. Name and Address of New Registered Agent	
MIKO	OS, CYNTHIA A			-	•	Hame		
510 VONDERBURG DR., STE. 3005				82 Street Address (P.O. Box Number is Not Acceptable)				
BRANDON FL 33511								
מאמיניטות דב 33511				[83]				
				84	84 City 85 Zip Code			
					( )	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title	if applicable. (NOTE: R	egistered	Age	nt signature requi	red when reinstaling) DATE	
12.	OFFICERS AND	DIRE	CTORS	13,			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition	
TITLE	VP	☐ DELETE 1.1 TI		πE		☐ Change ☐ Addition ☐		
NAME	RUMBERGER, EDWARD DDS			1,2 N/	ME	1		
STREET ADDRESS	3425 TENTH STREET NORTH			13.87	DEF	TADDRESS	\ <u>\</u>	
	NAPLES FL 34103			1.4 CI			9000027508499 8	
CITY-ST-ZEP	T		DELETE	2.1 TI	_	1-21-	-01/21/39011dailes-020Addition	
NAME	AUGHTON, WILLIAM DDS			2.2 N		1	****150.00 ****150.00	
1 1	90 CYPRESS WAY EAST #90						***************************************	
STREET ADDRESS				1		TADORESS		
CITY-ST-ZIP	NAPLES FL 34110		DELETE	-		ST-ZIP	Charge Claddian	
TILE	S		□ pereie	3.1 TI		1	☐ Change ☐ Addition	
NAME	GELLO, GREGORY DMD			3.2 N		Į		
STREET ADDRESS	800 GOODLETTE ROAD			3.3 57	REE	TADDRESS		
CITY-ST-ZIP	NAPLES FL 34102			3.4. CI	TY-5	ST-ZIP		
TITLE	P		DELETE	4.1 TO	πE	}	Change Addition	
NAME	Payne, robert w DDS			4.2N	AME	}		
STREET ADDRESS	4933 N. TAMIAMI TRL., #100			4.3 ST	REE	TADORESS		
CITY-ST-ZIP	NAPLES FL 34103			4.4 CT	ry.s	T-ZIP	,	
TITLE			DELETE	5.1 71	TLE		Change Addition	
NAME				5.2 N	ME			
STREET ADDRESS				5.3 ST	REE	T ADDRESS	$\langle \langle \langle \rangle \rangle \rangle$	
CITY-ST-ZP				5.4 CI	TY-5	T-Z]P	(; V/V)	
TITLE		-	DELETE	6.1 TI	īLĒ		□ Change □ Addition	
NAME				6.2 NA	ME	1		
STREET ADDRESS				6.3 ST	REE	TADDRESS		
· }				6.4 CF		J		
14. I hereby c	ertify that the information supplied with	this f	iling does not qualify for the				Section 119.07(3)(i), Florida Statutes. I further certify that the information	
	army are the intermedial addition that							

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 eceiver or trustee empowered to execute this report as required by Chapter 607, Pforida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attantiment with arraddress, with all other like empowered.

SIGNATURE: