

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

045662

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 14 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000050012
1. Corporation Name
SOUTHERN FLORIDA ORAL SURGERY ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 4933 N. TAMiami TRl., STE. 100, NAPLES FL 34103, US
Mailing Address: 4933 N. TAMiami TRl., STE. 100, NAPLES FL 34103, US

3. Date Incorporated or Qualified: 06/01/1997
4. FEI Number: 59-3466505
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: MIKOS, CYNTHIA A, 510 VONDERBURG DR., STE. 3005, BRANDON FL 33511

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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.

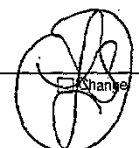
SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	RUMBERGER, EDWARD DDS	
STREET ADDRESS	3425 TENTH STREET NORTH	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	T	<input type="checkbox"/> DELETE
NAME	AUGHTON, WILLIAM DDS	
STREET ADDRESS	90 CYPRESS WAY EAST #90	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GELLO, GREGORY DMD	
STREET ADDRESS	800 GOODLETTE ROAD	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PAYNE, ROBERT W DDS	
STREET ADDRESS	4933 N. TAMiami TRl., #100	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	900002750843--9
2.1 TITLE	-01/21/99-0109-020 Addition
2.2 NAME	***150.00 ***150.00
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	



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: _____ DATE: 1-7-99 DAYTIME PHONE #: 941-4346500

CR2E034 (11/98)