

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90091 030 \*\*\*550.00

**DOCUMENT # P97000050012**

1. Entity Name  
**SOUTHERN FLORIDA ORAL SURGERY ASSOCIATES, INC.** ✓

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
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*D00 11 194*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3466505**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIKOS, CYNTHIA A**  
**510 VONDERBURG DR., STE. 3005**  
**BRANDON FL 33511**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RUMBERGER, EDWARD DDS</b> <b>3425 TENTH STREET NORTH</b> <b>NAPLES FL 34103</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>T</b> <b>AUGHTON, WILLIAM DDS</b> <b>90 CYPRESS WAY EAST #90</b> <b>NAPLES FL 34110</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S</b> <b>GELLO, GREGORY DMD</b> <b>800 GOODLETTE ROAD</b> <b>NAPLES FL 34102</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>PAYNE, ROBERT W DDS</b> <b>4933 N. TAMiami TrL., #100</b> <b>NAPLES FL 34103</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Robert W Payne* **SIGNATURE REQUIRED** *7-3-2000* *941-4346720*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)