

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90022 027 \*\*\*150.00

**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**



**2. Principal Place of Business**  
**1140 Goodlette Road**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**1140 Goodlette Rd**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
**Naples FL**  
**Zip**  
**34102**

**Country**  
**USA**

**City & State**  
**Naples FL**  
**Zip**  
**34102**

**Country**  
**USA**

**4. FEI Number**  
**59-3466505**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

**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**  
 Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**TITLE**  
**VP**  
**NAME**  
**RUMBERGER, EDWARD DDS**  
**STREET ADDRESS**  
**3425 TENTH STREET NORTH**  
**CITY-ST-ZIP**  
**NAPLES FL 34103**

☐ Delete

**TITLE**  
**T**  
**NAME**  
**AUGHTON, WILLIAM DDS**  
**STREET ADDRESS**  
**90 CYPRESS WAY EAST #90**  
**CITY-ST-ZIP**  
**NAPLES FL 34110**

☐ Delete

**TITLE**  
**S**  
**NAME**  
**GELLO, GREGORY DMD**  
**STREET ADDRESS**  
**800 GOODLETTE ROAD**  
**CITY-ST-ZIP**  
**NAPLES FL 34102**

☐ Delete

**TITLE**  
**P**  
**NAME**  
**PAYNE, ROBERT W DDS**  
**STREET ADDRESS**  
**4933 N. TAMiami TrL., #100**  
**CITY-ST-ZIP**  
**NAPLES FL 34103**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**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:** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)