

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050012

FILED
Apr 10, 2006
Secretary of State

Entity Name: SOUTHERN FLORIDA ORAL SURGERY ASSOCIATES, INC.

Current Principal Place of Business:

1140 GOODLETTE RD
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

1140 GOODLETTE RD
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-3466505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, ROBERT W DDS
1140 GOODLETTE ROAD
NAPLES, FL 34102 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: RUMBERGER, EDWARD DDS
Address: 3425 TENTH STREET NORTH
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: AUGHTON, WILLIAM DDS
Address: 90 CYPRESS WAY EAST #90
City-St-Zip: NAPLES, FL 34110

Title: S () Delete
Name: BELLO, GREGORY DMD
Address: 160 SEABREEZE AVE
City-St-Zip: NAPLES, FL 34108

Title: P () Delete
Name: PAYNE, ROBERT W DDS
Address: 1140 GOODLETTE RD
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT W. PAYNE

P

04/10/2006

Electronic Signature of Signing Officer or Director

_____ Date