2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# P97000079623

Entity Name: BOYNTON ORAL & MAXILLOFACIAL SURGERY AND IMPLANT CENTER, P.A.

Current Principal Place of Business:

3695 BOYNTON BEACH BLVD.
SUITE 1
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

3695 BOYNTON BEACH BLVD.
SUITE 1
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 65-0782157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEINERMAN, DAVID M
3695 BOYNTON BEACH BLVD., STE. 1
BOYNTON BEACH, FL 33436 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

OFFICERS AND DIRECTORS:

Title: DPT
Name: FEINERMAN, DAVID M
Address: 3695 BOYNTON BEACH BLVD., STE. 1
City-St-Zip: BOYNTON BEACH, FL 33436

Title: DVPS
Name: WAYNE, GARY J
Address: 3695 BOYNTON BEACH BLVD., SUITE1
City-St-Zip: BOYNTON BEACH, FL 33496

I hereby 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 all other like empowered.

SIGNATURE: DAVID FEINERMAN DPT 01/10/2011

Electronic Signature of Signing Officer or Director Date