

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043412

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** PINELLAS/PASCO ORAL & MAXILLOFACIAL SURGERY ASSOCIATES, INC.

**Current Principal Place of Business:**

30522 U.S. HWY 19 NORTH STE. 220  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

3411 FORELOCK ROAD  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

**FEI Number:** 59-3573065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOWLIN, WALTER Q JR.  
3411 FORELOCK RD  
TARPON SPRINGS, FL 34688 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:** D ( ) Delete  
**Name:** BOWLIN, WALTER Q JR.  
**Address:** 3411 FORELOCK ROAD  
**City-St-Zip:** TARPON SPRINGS, FL 34688

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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:** WALTER Q. BOWLIN JR

MANA

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date