04/21/2004 23:00 9548621476 ACCOUNTING OI

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90529 022 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000110024

1. Entity Name
AMERICA'S ORAL & FACIAL SURGERY, INC.

54041279

Principal Place of Business	Mailing Address
302 N.W. 179TH AVENUE SUITE 201 PEMBROKE PINES, FL 33029	302 N.W. 179TH AVENUE SUITE 201 PEMBROKE PINES, FL 33029

04082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1018865 ☐ Applied For ☐ Not Applicable

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
ARROYO, JUAN DR. 302 N.W. 179TH AVENUE SUITE 201 PEMBROKE PINES, FL 33029	Name Street Address (P.O. Box Number is Not Acceptable): 3849 Gulfstream Way City: Davie, FL Zip Code: 33328

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ARROYO, JUAN C DMD 13780 SW 122 COURT MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3849 Gulfstream Way Davie, FL 33328
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD PASTRANA, MIGUEL A DMD MD 13834 SW 122 COURT MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10018 Laurel Road Davie, FL 33328
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARROYO, JUAN C DMD 15823 SW 10 ST PEMBROKE PINES, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3849 Gulfstream Way Davie, FL 33328
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPP PASTRANA, MIGUEL A MD 1082 SW 159 DR PEMBROKE PINES, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10018 Laurel Road Davie, FL 33328
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING OFFICER OR DIRECTOR — Date — Daytime Phone #