

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90041 003 ***150.00

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06202005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000110024 1. Entity Name AMERICA'S ORAL & FACIAL SURGERY, INC.					
Principal Place of Business 302 N.W. 179TH AVENUE SUITE 201 PEMBROKE PINES, FL 33029				Mailing Address 302 N.W. 179TH AVENUE SUITE 201 PEMBROKE PINES, FL 33029	
2. Principal Place of Business 10018 Laurel Road		3. Mailing Address 10018 Laurel Road		4. FEI Number 65-1018865	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Davie, FL		City & State Davie, FL			
Zip 33328		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARROYO, JUAN DR. 3849 GULFSTREAM WAY DAVIE, FL 33328				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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 3849 GULFSTREAM WAY DAVIE, FL 33328 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD PASTRANA, MIGUEL A DMD MD 10018 LAUREL RD. DAVIE, FL 33328 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			Date: 7/6/5 Daytime Phone #: 954-559-9777		