

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S09408** (3)
1. Corporation Name
WINTER PARK ORAL & MAXILLOFACIAL SURGERY, P.A.



Principal Place of Business Mailing Address
% EDWARD M LIVINGSTON, PA
P.O. BOX 1599
WINTER PARK FL 32790

3. Date Incorporated or Qualified **10/26/1990** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-3034655** Applied For
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

LIVINGSTON, EDWARD M.
628 ELLEN DRIVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type printed name of registered agent and the corporation

(NOTE: Registered Agent signature must be handwritten)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	MCNAMARA, CHARLES, R	1.2 NAME	McNamara, Charles R.
STREET ADDRESS	201 N LAKEMONT AVE #2200	1.3 STREET ADDRESS	1691 Joeline Court
CITY-STATE-ZIP	WINTER PARK FL	1.4 CITY-STATE-ZIP	Winter Park, FL 32789
TITLE	VD	2.1 TITLE	VD
NAME	MCNAMARA, JANET, A	2.2 NAME	McNamara, Janet A.
STREET ADDRESS	201 N LAKEMONT AVE #2200	2.3 STREET ADDRESS	1691 Joeline Court
CITY-STATE-ZIP	WINTER PARK FL	2.4 CITY-STATE-ZIP	Winter Park, FL 32789
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles R. McNamara, DMD

4/30/96

(407)
629-4491

CR2E034 (12/95)