

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23356

FILED  
Jan 12, 2005  
Secretary of State

Entity Name: ORAL AND FACIAL SURGERY CENTER, P.A.

## Current Principal Place of Business:

720 WEST OAK ST  
SUITE 102  
KISSIMMEE, FL 34741

## New Principal Place of Business:

200 WEST OAK STREET  
KISSIMMEE, FL 34741

## Current Mailing Address:

720 WEST OAK ST  
SUITE 102  
KISSIMMEE, FL 34741

## New Mailing Address:

200 WEST OAK STREET  
KISSIMMEE, FL 34741

FEI Number: 59-3001552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEDFORD, WINSTON G  
720 WEST OAK STREET  
SUITE 102  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

BEDFORD, WINSTON G  
200 WEST OAK STREET  
KISSIMMEE, FL 34741 US

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: WINSTON G. BEDFORD, DMD, MD

01/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: BEDFORD, WINSTON G  
Address: 720 WEST OAK ST STE 102  
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete  
Name: LEVINE, HAL  
Address: 720 WEST OAK ST., SUITE 102  
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete  
Name: YDRACH, ARTURO  
Address: 720 WEST OAK ST., SUITE 102  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: BEDFORD, WINSTON G DMD, MD  
Address: 200 WEST OAK STREET  
City-St-Zip: KISSIMMEE, FL 34741

Title: D (X) Change ( ) Addition  
Name: LEVINE, HAL J DMD, MD  
Address: 200 WEST OAK STREET  
City-St-Zip: KISSIMMEE, FL 34741

Title: D (X) Change ( ) Addition  
Name: YDRACH, ARTURO A DMD  
Address: 200 WEST OAK STREET  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WINSTON G. BEDFORD, DMD, MD

PT

01/12/2005

Electronic Signature of Signing Officer or Director

Date