2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# S23356

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

Current Principal Place of Business:

200 WEST OAK STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

7932 WEST SAND LAKE ROAD, SUITE 109
ORLANDO, FL 32819

Current Mailing Address:

200 WEST OAK STREET
KISSIMMEE, FL 34741

New Mailing Address:

7932 WEST SAND LAKE ROAD, SUITE 109
ORLANDO, FL 32819

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
200 WEST OAK STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

BEDFORD, WINSTON G
7932 WEST SAND LAKE ROAD, SUITE 109
ORLANDO, FL 32819 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 04/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: BEDFORD, WINSTON G
Address: 7932 WEST SAND LAKE ROAD, SUITE 109
City-St-Zip: ORLANDO, FL 32819

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

Title: D (X) Change ( ) Addition
Name: YDRACH, ARTURO A
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 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: WINSTON G. BEDFORD P 04/16/2009
Electronic Signature of Signing Officer or Director Date