2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2015
Secretary of State
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Entity Name: NORTH FLORIDA ORAL AND FACIAL SURGERY, P.A.

Current Principal Place of Business:

11481 OLD ST. AUGUSTINE ROAD, SUITE 203
JACKSONVILLE, FL 32258

Current Mailing Address:

11481 OLD ST. AUGUSTINE ROAD, SUITE 203
JACKSONVILLE, FL 32258 US

FEI Number: 59-2880470

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAXWELL, RONALD
11481 OLD ST. AUGUSTINE ROAD
SUITE 203
JACKSONVILLE, FL 32258 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	T	Title	P
Name	O'BRIEN, DAVID A. DMD	Name	HARTLEY, GREGORY W. DMD
Address	11481 OLD ST. AUGUSTINE ROAD, SUITE 203	Address	11481 OLD ST. AUGUSTINE ROAD, SUITE 203
City-State-Zip:	JACKSONVILLE FL 32258	City-State-Zip:	JACKSONVILLE FL 32258
Title	S	Title	VP
Name	GROSHAN, GREGORY J. DMD	Name	WOODS, DAVID D., DMD, MD
Address	11481 OLD ST. AUGUSTINE ROAD, SUITE 203	Address	11481 OLD ST. AUGUSTINE ROAD, SUITE 203
City-State-Zip:	JACKSONVILLE FL 32258	City-State-Zip:	JACKSONVILLE FL 32258
Title	ASST. SECRETARY		
Name	SKLENICKA, SCOTT R. DMD, MD		
Address	11481 OLD ST. AUGUSTINE ROAD, SUITE 203		
City-State-Zip:	JACKSONVILLE FL 32258		

I hereby 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 all other like empowered.

SIGNATURE: GREGORY W. HARTLEY, DMD PRESIDENT 01/15/2015

Electronic Signature of Signing Officer/Director Detail — Date