

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K19925

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:**GLAZIER, GLAZIER & DIETRICH, P.A.
8833 PERIMETER PARK BLVD.
SUITE 1002
JACKSONVILLE, FL 32216 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:** SCOTT L. GLAZIER

04/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name WOODS, DAVID D., DMD, MD
Address 11481 OLD ST. AUGUSTINE ROAD,
SUITE 203
City-State-Zip: JACKSONVILLE FL 32258

Title TREASURER, DIRECTOR
Name SKLENICKA, SCOTT R. DMD, MD
Address 11481 OLD ST. AUGUSTINE ROAD,
SUITE 203
City-State-Zip: JACKSONVILLE FL 32258

Title VP, SECRETARY, DIRECTOR
Name JOHN J MAZZUOCCOLO, DMD, MD
Address 11481 OLD ST. AUGUSTINE ROAD,
SUITE 203
City-State-Zip: JACKSONVILLE FL 32258

Title VP
Name FARRELL, THOMAS R DDS
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: DAVID WOODS

PRESIDENT

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date