

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139770

Entity Name: CITRUS ORAL & MAXILLOFACIAL SURGERY, P.A.

Current Principal Place of Business:

6129 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429-8722

Current Mailing Address:

6129 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429-8722

FEI Number: 20-5898651

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROCKETT, ROBERT L
6129 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429-8722 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: ROBERT L BROCKETT

01/22/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DR.
Name BROCKETT, ROBERT L
Address 6129 W CORPORATE OAKS DR
City-State-Zip: CRYSTAL RIVER FL 34429-8722

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: ROBERT BROCKETT

MANAGER

01/22/2013

Electronic Signature of Signing Officer/Director Detail

Date