2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2017
Secretary of State
CC8161172813

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Entity Name: ORLANDO ORAL & FACIAL SURGERY, PLLC

Current Principal Place of Business:

2045 LEE ROAD
WINTER PARK, FL 32789

Current Mailing Address:

2045 LEE ROAD
WINTER PARK, FL 32789

FEI Number: 46-0796483

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GERENA, EVELIS
2045 LEE ROAD
WINTER PARK, FL 32789 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: EVELIS GERENA 02/13/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGING MEMBER
Name	DEAN H. WHITMAN, DMD, PA
Address	2045 LEE ROAD
City-State-Zip:	WINTER PARK FL 32789

Title	MANAGING MEMBER
Name	GOLDBERG ORAL AND FACIAL SURGERY, PA
Address	2045 LEE ROAD
City-State-Zip:	WINTER PARK FL 32789

Title	MANAGING MEMBER
Name	MARTINEZ ORAL & FACIAL SURGERY, PA
Address	2045 LEE ROAD
City-State-Zip:	WINTER PARK FL 32789

Title	MANAGER
Name	CAMPBELL, AARON L
Address	2045 LEE ROAD
City-State-Zip:	WINTER PARK FL 32789

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EVELIS GERENA REGISTERED AGENT 02/13/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date