

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 597100

FILED
Jan 15, 2009
Secretary of State

Entity Name: WISE OPHTHALMOLOGY GROUP, P.A.

Current Principal Place of Business:

3816 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021

New Principal Place of Business:

3816 HOLLYWOOD BLVD
STE 101
HOLLYWOOD, FL 33021 US

Current Mailing Address:

3816 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021

New Mailing Address:

3816 HOLLYWOOD BLVD
STE 101
HOLLYWOOD, FL 33021 US

FEI Number: 59-1867494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISE, JONATHAN
3816 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

WISE, JONATHAN
3816 HOLLYWOOD BLVD
STE 101
HOLLYWOOD, FL 33021 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: _____

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WISE, JONATHAN,
Address: 3816 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WISE, JONATHAN,
Address: 3816 HOLLYWOOD BLVD STE 101
City-St-Zip: HOLLYWOOD, FL 33021 US

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: JONATHAN F. WISE

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date