## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000107262



FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90476 042 \*\*\*150.00

CORNEA & REFRACTIVE CONSULTANTS OF THE PALM BEACHES, P.A.									
Principal Place of Business 2000 PGA BLVD. SUITE 5505 PALM BEACH GARDENS, FL 33408		Mailing Address 2000 PGA BLVD. SUITE 5505 PALM BEACH GARDENS, FL 33408		60045583					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						T. C. L. C.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State		4. FEI Number 65-1062	992			plied For Applicable	
Zip	Country	ountry Zip Cour		itry	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
04411055		Name							
SALINGER, CLIFFORD L M.D. 2000 PGA BLVD. SUITE 5505				Street Address (P.O. Box Number is Not Acceptable)					
PALM BEACH GARDENS, FL 33408									
				City			FL	Zip Code	,
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai  Trust Fund Cont	•	~ _ +	.00 May Be ed to Fees				
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALINGER, CLIFFORD L MD 162 OAKWOOD LANE PALM BEACH GARDENS, FL 3	☐ Delete 3410					†	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					!	☐ Change	☐ Addition
12. I hereby of indicated	certify that the information supplied wit on this report or supplemental report i	n this filing does not qualify for s true and accurate and that r	ny signa	ture shall have the s	same legal effect	as if made under of	oath; that I ar	n an officer	or director

Daytime Phone #