2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State
05-21-2004 90005 016 ***550.00

DOCUMENT # P02000077975

1. Entity Name
HILLMOOR EYE SURGERY CENTER, INC.

54055185

05062004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1770 S E HILLMOOR DRIVE PORT ST. LUCIE, FL 34952	1700 SOUTH EAST HILLMOOR SUITE 100 PORT ST. LUCIE, FL 34952

2. Principal Place of Business	3. Mailing Address
1715 SE TIFFANY AVE	1715 SE TIFFANY AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, Fl.	City & State: Port St. Lucie, Fl.
Zip: 34952 Country: USA	Zip: 34952 Country: USA

4. FEI Number: 90-0049391 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANGLEY, KENNETH DR 1700 SOUTH EAST HILLMOOR SUITE 100 PORT ST. LUCIE, FL 34952	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELROWE, DANIEL 1715 S E TIFFANY AVE PORT ST LUCIE, FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATAMOROS, SILVIANO 1821 S E PORT ST LUCIE BLVD PORT ST LUCIE, FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DREYER, WILLIAM 1715 S E TIFFANY AVE PORT ST LUCIE, FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANGLEY, KENNETH 1700 S E HILLMOOR DR STE 100 PORT ST LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALLONEE, JOHN 1700 S E HILLMOOR DR STE 100 PORT ST LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHANNON, CHRIS 1700 S E HILLMOOR DR STE 100 PORT ST LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/17/04 772-337-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #