2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005
Secretary of State

DOCUMENT# P02000077975

Entity Name: HILLMOOR EYE SURGERY CENTER, INC.

Current Principal Place of Business:

1715 SE TIFFANY AVE
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1715 SE TIFFANY AVE
1
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 90-0049391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANGLEY, KENNETH DR
1700 SOUTH EAST HILLMOOR
SUITE 100
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DELROWE, DANIEL
Address: 1715 S E TIFFANY AVE
City-St-Zip: PORT ST LUCIE, FL 34982

Title: D ( ) Delete
Name: MATAMOROS, SILVIANO
Address: 1821 S E PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D ( ) Delete
Name: LANGLEY, KENNETH
Address: 1700 S E HILLMOOR DR STE 100
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete
Name: MALLONEE, JOHN
Address: 1700 S E HILLMOOR DR STE 100
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete
Name: CHANNON, CHRIS
Address: 1700 S E HILLMOOR DR STE 100
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIEL J. DELROWE DIR 02/24/2005
Electronic Signature of Signing Officer or Director Date