

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000048258

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: MANATEE SARASOTA EYE CLINIC, P.A.

**Current Principal Place of Business:**

217 MANATEE AVENUE, EAST  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

217 MANATEE AVENUE, EAST  
BRADENTON, FL 34208

**New Mailing Address:**

FEI Number: 65-0425039      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRIEDBERG, MURRAY  
217 MANATEE AVENUE, EAST  
BRADENTON, FL 34208      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: MD ( ) Delete  
Name: MOSCOSO, WALTER  
Address: 217 MANATEE AVE. E.  
City-St-Zip: BRADENTON, FL 34208

Title: MD ( ) Delete  
Name: EDELMAN, ROBERT  
Address: 217 MANATEE AVE E  
City-St-Zip: BRADENTON, FL 34208

Title: MD ( ) Delete  
Name: SILVERMAN, SCOTT E  
Address: 217 MANATEE AVENUE, EAST  
City-St-Zip: BRADENTON, FL 34208

Title: MD ( ) Delete  
Name: FRIEDBERG, MURRAY  
Address: 217 MANATEE AVE E  
City-St-Zip: BRADENTON, FL 34208

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: MD ( ) Change (X) Addition  
Name: SAMBURSKY, ROBERT E  
Address: 217 MANATEE AVE E  
City-St-Zip: BRADENTON, FL 34208

Title: MD ( ) Change (X) Addition  
Name: POOJA, KHATOR  
Address: 217 MANATEE AVE E  
City-St-Zip: BRADENTON, FL 34208

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: MURRAY L FRIEDBERG

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date