

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000048258

FILED  
Jan 25, 2010  
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  
Name: MOSCOSO, WALTER  
Address: 217 MANATEE AVE. E.  
City-St-Zip: BRADENTON, FL 34208

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

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

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

Title: MD  
Name: MENEZES, ALLISON  
Address: 217 MANATEE AVE E  
City-St-Zip: BRADENTON, FL 34208

Title: MD  
Name: POOJA, KHATOR  
Address: 217 MANATEE AVE E  
City-St-Zip: BRADENTON, FL 34208

I hereby 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 all other like empowered.

SIGNATURE: MURRAY L FRIEDBERG

MD

01/25/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date