

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000035309

**FILED**  
**Jan 29, 2007**  
**Secretary of State**

**Entity Name:** OCULOPLASTIC AND ORBITAL CONSULTANTS, P.A.

**Current Principal Place of Business:**

2501 N FLAGLER DR  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

4461 MEDICAL CENTER WAY  
SUITE A  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

2501 N FLAGLER DR  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

4461 MEDICAL CENTER WAY  
SUITE A  
WEST PALM BEACH, FL 33407

FEI Number: 65-0486572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATIPA, MICHAEL  
2501 N FLAGLER DR  
WEST PALM BEACH, FL 33407 US

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

PATIPA, MICHAEL  
4461 MEDICAL CENTER WAY  
SUITE A  
WEST PALM BEACH, FL 33407 US

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: MICHAEL PATIPA, M.D.

01/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: PATIPA, MICHAEL  
Address: 2501 N FLAGLER DR  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DVS ( ) Delete  
Name: PATIPA, BONNIE  
Address: 2501 N FLAGLER DR  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: PATIPA, MICHAEL  
Address: 4461 MEDICAL CENTER WAY, SUITE A  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DVS (X) Change ( ) Addition  
Name: PATIPA, BONNIE  
Address: 4461 MEDICAL CENTER WAY, SUITE A  
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL PATIPA, M.D.

OWN

01/29/2007

Electronic Signature of Signing Officer or Director

Date