

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000032324

FILED
Mar 25, 2009
Secretary of State

Entity Name: SOUTHERN VITREORETINAL ASSOCIATES, P.A.

Current Principal Place of Business:

2439 CARE DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2439 CARE DRIVE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3358707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301 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: VSD () Delete
Name: STEINMETZ, ROBERT L
Address: 2439 CARE DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: PTD () Delete
Name: BROOKS, LOGAN
Address: 2439 CARE DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: NEWELL, CHARLES K
Address: 2439 CARE DR.
City-St-Zip: TALLAHASSEE, FL 32308

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:

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: H. LOGAN BROOKS, M.D.

PTD

03/25/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date