

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000032324

**FILED**  
**Apr 12, 2011**  
**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  
123 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 323011517 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

**OFFICERS AND DIRECTORS:**

Title: VSD  
Name: STEINMETZ, ROBERT L  
Address: 2439 CARE DR.  
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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: LOGAN BROOKS

PTD

04/12/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date