

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000087831

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA EYE ASSOCIATES, P.A.

**Current Principal Place of Business:**

1750 COUNTRY CLUB ROAD  
EUSTIS, FL 32726

**New Principal Place of Business:**

1750 COUNTRY CLUB ROAD  
EUSTIS, FL 32726 US

**Current Mailing Address:**

PO BOX 500  
EUSTIS, FL 32727 US

**New Mailing Address:**

**FEI Number:** 59-3536814      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BOYLES, WILLIAM A  
301 E PINE STREET  
SUITE 1400  
ORLANDO, FL 32801 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:** DPST  
**Name:** RATH, ROGER  
**Address:** PO BOX 500  
**City-St-Zip:** EUSTIS, FL 32727 US

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: ROGER RATH

DPST

04/27/2011

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

\_\_\_\_\_ Date