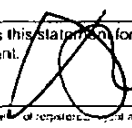
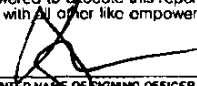


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2007 8:00 am
Secretary of State

05-09-2007 90092 037 ***150.00

DOCUMENT # P99000075699					
1. Entity Name GULF COAST EYE CENTER, P.A.					
Principal Place of Business 3691 WEBBER STREET SARASOTA FL 34239			Mailing Address 3691 WEBBER STREET SARASOTA FL 34239		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0944841 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent BOVIO, STEVE 3691 WEBBER ST. SARASOTA FL 34232			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 4/26/07 Signature, typed or printed name of Registered Agent and filer - applicable (NOTE: Registered Agent signature not required when filing online)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
1001 NAME STREET ADDRESS CITY ST ZIP	PSTD BOVIO, STEVEN OD 3691 WEBBER STREET SARASOTA FL 34239	☐ Delete	1101 NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
1002 NAME STREET ADDRESS CITY ST ZIP		☐ Delete	1102 NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
1003 NAME STREET ADDRESS CITY ST ZIP		☐ Delete	1103 NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
1004 NAME STREET ADDRESS CITY ST ZIP		☐ Delete	1104 NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
1005 NAME STREET ADDRESS CITY ST ZIP		☐ Delete	1105 NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
1006 NAME STREET ADDRESS CITY ST ZIP		☐ Delete	1106 NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 5/28/07 Daytime Phone #		