

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000032324

**FILED**  
**Feb 16, 2016**  
**Secretary of State**  
**CC9963083083**

**Entity Name:** SOUTHERN VITREORETINAL ASSOCIATES, INC.

**Current Principal Place of Business:**

2439 CARE DRIVE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2439 CARE DRIVE  
TALLAHASSEE, FL 32308

**FEI Number: 59-3358707**

**Certificate of Status Desired: No**

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

PIERCE, ROBERT A  
123 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301-1517 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title           D  
Name           NEWELL, CHARLES K  
Address        2439 CARE DR.  
City-State-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**

**PRESIDENT**

**02/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date