

**2016 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F15000004973

**Entity Name:** COLUMBUS EYE ASSOCIATES, INC.

**Current Principal Place of Business:**

7840 MONTGOMERY ROAD  
CINCINNATI, OH 45236

**Current Mailing Address:**

7840 MONTGOMERY ROAD  
CINCINNATI, OH 45236 US

**FEI Number: 31-1463156**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DIRECTOR, ASST. SECRETARY  
Name WILLS, NEIL  
Address 7840 MONTGOMERY ROAD  
City-State-Zip: CINCINNATI OH 45236

Title CFO  
Name CLEBREZZE, MICHAEL  
Address 7840 MONTGOMERY ROAD  
City-State-Zip: CINCINNATI OH 45236

Title SHAREHOLDER OWNER, PRESIDENT,  
SURGICAL OPERATIONS  
Name GREENBERG, JASON  
Address 7840 MONTGOMERY ROAD  
City-State-Zip: CINCINNATI OH 45236

Title SR. VP, HUMAN RESOURCES  
Name SEBASTIAN, RHONDA  
Address 7840 MONTGOMERY ROAD  
City-State-Zip: CINCINNATI OH 45236

Title TREASURER  
Name HARRIS, JOSEPH J  
Address 7840 MONTGOMERY ROAD  
City-State-Zip: CINCINNATI OH 45236

Title DIRECTOR, EXECUTIVE VP  
Name JOFFE, CRAIG  
Address 7840 MONTGOMERY ROAD  
City-State-Zip: CINCINNATI OH 45236

Title DIRECTOR, GENERAL COUNSEL,  
SECRETARY  
Name CLOYD-CALDWELL, JENNIFER  
Address 7840 MONTGOMERY ROAD  
City-State-Zip: CINCINNATI OH 45236

Title VP, CLINICAL OPERATIONS  
Name DINGA, ROBERT  
Address 7840 MONTGOMERY ROAD  
City-State-Zip: CINCINNATI OH 45236

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*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: JENNIFER CLOYD-CALDWELL**

**DIRECTOR**

**12/13/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           CONTROLLER  
Name           ROBERTS, JEFF  
Address        7840 MONTGOMERY ROAD  
City-State-Zip: CINCINNATI OH 45236