

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 317212

FILED
Feb 13, 2009
Secretary of State

Entity Name: MARCO OPHTHALMIC, INC.

Current Principal Place of Business:

11825 CENTRAL PARKWAY
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-1200000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSBACHER & SCHNEIDER, P.A.
5150 BELFORT ROAD
BLDG 100
JACKSONVILLE, FL 32256 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARCO, DAVID A
Address: 11825 CENTRAL PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VTRS () Delete
Name: SHORSTEIN, JACK F.
Address: 8265 BAYBERRY RD.
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: V () Delete
Name: DYER, CHARON M
Address: 11825 CENTRAL PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: V () Delete
Name: SHORSTEIN, SAMUEL R.
Address: 8265 BAYBERRY RD.
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S () Delete
Name: SHORSTEIN, MARK
Address: 8265 BAYBERRY RD.
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: V () Delete
Name: GURVIS, DAVID
Address: 11825 CENTRAL PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID A. MARCO

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date