

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 527331

FILED
Jan 05, 2010
Secretary of State

Entity Name: FLORIDA OPHTHALMIC INSTITUTE, NORMAN S. LEVY, M.D., PH.D., P.A.

Current Principal Place of Business:

7106 N.W. 11TH PLACE
SUITE B
GAINESVILLE, FL 326053140

New Principal Place of Business:

Current Mailing Address:

401 S.W. 88TH TERRACE
GAINESVILLE, FL 326071452

New Mailing Address:

7106 N.W. 11TH PLACE
SUITE B
GAINESVILLE, FL 326053140

FEI Number: 59-1652627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, NORMAN S.
401 SW 88TH TERRACE
GAINESVILLE, FL 326071452 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
Name: LEVY, NORMAN S
Address: 401 SW 88TH TERRACE
City-St-Zip: GAINESVILLE, FL 326071452 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: NORMAN S LEVY

PD

01/05/2010

Electronic Signature of Signing Officer or Director

Date