

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 589524

FILED
Feb 07, 2005
Secretary of State

Entity Name: NORTH FLORIDA EYE CLINIC, P.A., RONALD SINGAL, M.D., AND SHELDON SINGAL, M.D.

Current Principal Place of Business:

590 DUNDAS DRIVE
JACKSONVILLE, FL 32218

New Principal Place of Business:

3020 HARTLEY ROAD
JACKSONVILLE, FL 32257

Current Mailing Address:

P.O. BOX 24406
JACKSONVILLE, FL 32218

New Mailing Address:

P.O. BOX 24406
JACKSONVILLE, FL 32241

FEI Number: 59-1849046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SINGAL, SHELDON MD
3020 HARTLEY ROAD
JACKSONVILLE, FL 32257 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: SHELDON SINGAL, M.D.

02/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: SINGAL, RONALD, M.D.,
Address: 590 DUNDAS DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: DVS () Delete
Name: SINGAL, SHELDON M.D.,
Address: 590 DUNDAS DRIVE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: SINGAL, RONALD, M.D.,
Address: 3020 HARTLEY ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: DVS (X) Change () Addition
Name: SINGAL, SHELDON M.D.,
Address: 3020 HARTLEY ROAD
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHELDON SINGAL, M.D.

DVS

02/07/2005

Electronic Signature of Signing Officer or Director

Date