


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # 589524

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



Principal Place of Business Mailing Address

3020 HARTLEY ROAD P.O. BOX 24406
 JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32241



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1849046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGAL, SHELDON MD
 3020 HARTLEY ROAD
 JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000661005
 03/20/07-80022-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SINGAL, RONALD, M.D. 3020 HARTLEY ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SINGAL, SHELDON M.D. 3020 HARTLEY ROAD JACKSONVILLE, FL 32257
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheeldon Singal MD Date: 07 March 07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

SHELDON SINGAL, M.D.