2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 589524

FILED Jan 16, 2008 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: New Principal Place of Business: 3020 HARTLEY ROAD JACKSONVILLE, FL 32257 **Current Mailing Address: 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SINGAL, RONALD, M.D., Name: Name: 3020 HARTLEY ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: () Delete Title: DVS Title: (X) Change () Addition SINGAL, SHELDON M.D., Name: Name: SINGAL, SHELDON M.D., 3020 HARTLEY ROAD Address: 3020 HARTLEY ROAD Address: JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 City-St-Zip: 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: SHELDON SINGAL, MD VP 01/16/2008