

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 600577		
1. Entity Name ST. LUKE'S CATARACT AND LASER INSTITUTE, P.A.		
Principal Place of Business 43309 US HWY 19N TARPON SPRINGS, FL 34689 US	Mailing Address P O BOX 1608 TARPON SPRINGS, FL 34688-1608	
DO NOT WRITE IN THIS SPACE		



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1224512	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRIEDLAND, LEW 43309 U.S. HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689
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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 reinstating) DATE _____

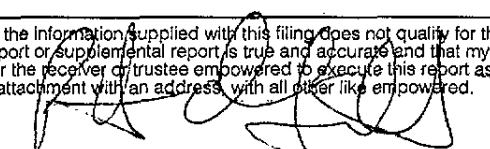
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLS, JAMES P JR 43309 US HIGHWAY 19 N TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILLS, J. PITZER III 43309 US HIGHWAY 19 N TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MASKEWITZ, REVA R 43309 US HWY 19 N TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS HOUSER, J. BRADLEY 43309 US HWY 19 N TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/05-80001-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **JAMES P. GILLS III** 2/10/05 727 942 2191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #