

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 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



D1172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILLS, JAMES P JR
STREET ADDRESS	43309 US HIGHWAY 19 N
CITY-ST-ZIP	TARPON SPRINGS, FL

TITLE	DP
NAME	GILLS, J. PITZER III
STREET ADDRESS	43309 US HIGHWAY 19 N
CITY-ST-ZIP	TARPON SPRINGS, FL

TITLE	VS
NAME	MASKEWITZ, REVA R
STREET ADDRESS	43309 US HWY 19 N
CITY-ST-ZIP	TARPON SPRINGS, FL

TITLE	DAS
NAME	HOUSER, J. BRADLEY
STREET ADDRESS	43309 US HWY 19 N
CITY-ST-ZIP	TARPON SPRINGS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. GILLS III

4/19/06 (727) 942-2591
Date Daytime Phone #