2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# 600577

Entity Name: ST. LUKE'S CATARACT AND LASER INSTITUTE, P.A.

Current Principal Place of Business:

43309 US HWY 19N
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

43309 US HIGHWAY 19 N
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

P O BOX 1608
TARPON SPRINGS, FL 346881608

New Mailing Address:

P O BOX 1608
TARPON SPRINGS, FL 346881608 US

FEI Number: 59-1224512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEDLAND, LEW
43309 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

FRIEDLAND, LEW
43309 U.S. HIGHWAY 19 N
TARPON SPRINGS, FL 34689 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: 01/19/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GILLS, JAMES P JR
Address: 43309 US HIGHWAY 19 N
City-St-Zip: TARPON SPRINGS, FL

Title: DP ( ) Delete
Name: GILLS, J. PITZER III
Address: 43309 US HIGHWAY 19 N
City-St-Zip: TARPON SPRINGS, FL

Title: DVS ( ) Delete
Name: HOUSER, J. BRADLEY
Address: 43309 US HWY 19 N
City-St-Zip: TARPON SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GILLS, JAMES P JR
Address: 43309 US HIGHWAY 19 N
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: DP (X) Change ( ) Addition
Name: GILLS, J. PITZER III
Address: 43309 US HIGHWAY 19 N
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: DVS (X) Change ( ) Addition
Name: HOUSER, J. BRADLEY
Address: 43309 US HIGHWAY 19 N
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: J. PITZER GILLS III P 01/19/2009
Electronic Signature of Signing Officer or Director — Date