2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2011
Secretary of State

DOCUMENT# 600577

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

Current Principal Place of Business:

43309 US HIGHWAY 19 N
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1608
TARPON SPRINGS, FL 346881608 US

New Mailing Address:

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 N
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: GILLS, JAMES P
Address: 43309 US HIGHWAY 19 N
City-St-Zip: TARPON SPRINGS, FL 34689 US

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

Title: DVST
Name: HOUSER, J. BRADLEY
Address: 43309 US HIGHWAY 19 N
City-St-Zip: TARPON SPRINGS, FL 34689 US

I hereby 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 all other like empowered.

SIGNATURE: J. PITZER GILLS III PD 03/16/2011

Electronic Signature of Signing Officer or Director — Date