

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600651

FILED
Mar 24, 2005
Secretary of State

Entity Name: SARASOTA OPHTHALMOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

1921 WALDEMERE ST.
STE. 405
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

1921 WALDEMERE ST.
STE. 405
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 59-1227847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALISH, WILLIAM
4100 BARNETT PLAZA
101 E. KENNEDY BLVD.
TAMPA, FL 33601 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BELMONT, W S,
Address: 306 GOLDENGATE POINT #6
City-St-Zip: SARASOTA, FL 34236

Title: VSD () Delete
Name: SHEWMAKE, BOBBY J.,
Address: 1516 SANDPIPER LANE
City-St-Zip: SARASOTA, FL

Title: TD () Delete
Name: HALVEY, CORNELIUS H.,
Address: 1650 NORTH LODGE DR
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CORNELIUS H. HALVEY, M.D.

TD

03/24/2005

Electronic Signature of Signing Officer or Director

Date