

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90121 030 \*\*\*150.00

<b>DOCUMENT # 600651</b> 1. Entity Name <b>SARASOTA OPHTHALMOLOGY ASSOCIATES, P.A.</b>					
Principal Place of Business <b>1921 WALDEMERE ST. STE. 405 SARASOTA, FL 34239 US</b>				Mailing Address <b>1921 WALDEMERE ST. STE. 405 SARASOTA, FL 34239 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2121 S. Tamiami Tr.</b>		3. Mailing Address <b>2121 S. Tamiami Tr.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04232008    Chg-P    CR2E034 (12/06)	
City & State <b>Sarasota FL</b>		City & State <b>Sarasota FL</b>		4. FEI Number <b>59-1227847</b>	
ZIP <b>34239</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WARD, ALTON C 101 E. KENNEDY BLVD. SUITE 4100 TAMPA, FL 33602</b>				7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 resigning)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CAMPBELL, DAVID P 1514 EASTWOOD DR. SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HALVEY, CORNELIUS H. 1650 NORTH LODGE DR SARASOTA, FL.</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: 			<b>4/23/08 941-955-6363</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Digits: Phone #		