

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600651

FILED
Apr 29, 2009
Secretary of State

Entity Name: SARASOTA OPHTHALMOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

2121 S. TAMIAMI TR.
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

2121 S. TAMIAMI TR.
STE. 405
SARASOTA, FL 34239 US

New Mailing Address:

2121 S. TAMIAMI TR.
SARASOTA, FL 34239 US

FEI Number: 59-1227847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, ALTON C
101 E. KENNEDY BLVD.
SUITE 4100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

HALVEY, CORNELIUS H MD
2121 S TAMIAMI TRAIL
SARASOTA, FL 34239 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: CORNELIUS H. HALVEY, MD

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CAMPBELL, DAVID P
Address: 1514 EASTWOOD DR.
City-St-Zip: SARASOTA, FL 34236

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVST (X) Change () Addition
Name: CAMPBELL, DAVID P MD
Address: 1514 EASTWOOD DR.
City-St-Zip: SARASOTA, FL 34236

Title: DP (X) Change () Addition
Name: HALVEY, CORNELIUS H MD
Address: 1650 NORTH LODGE DR
City-St-Zip: SARASOTA, FL 34239

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: CORNELIUS H. HALVEY, MD

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date