

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600666

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Entity Name:** SAINT LUCIE EYE ASSOCIATES, P.A.

**Current Principal Place of Business:**

2201 S. 10TH ST.  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

2201 S 10TH ST  
FORT PIERCE, FL 34950

**Current Mailing Address:**

2201 S. 10TH ST.  
FORT PIERCE, FL 34950

**New Mailing Address:**

2201 S 10TH ST  
FORT PIERCE, FL 34950

**FEI Number:** 59-1224502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALLONEE, JOHN M.D.  
2201 S. 10TH ST.  
FORT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

MALLONEE, JOHN MD  
2201 S 10TH ST  
FORT PIERCE, FL 34950 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: JOHN MALLONEE MD

03/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MALLONEE, JOHN MD  
Address: 2201 S 10TH ST  
City-St-Zip: FORT PIERCE, FL 34950 US

Title: VP  
Name: CHANNON, CHRISTOPHER MD  
Address: 2201 S 10TH ST  
City-St-Zip: FORT PIERCE, FL 34950 US

Title: S  
Name: LANGLEY, KENNETH MD  
Address: 2201 S 10TH ST  
City-St-Zip: FORT PIRECE, FL 34950 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: JOHN MALLONEE MD

P

03/24/2011

Electronic Signature of Signing Officer or Director

Date