

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # 600947 1. Entity Name GOROVOY M.D. EYE SPECIALISTS, P.A.					
Principal Place of Business 12381 SOUTH CLEVELAND AVE. SUITE 300 FT. MYERS FL 33907 US			Mailing Address 12381 SOUTH CLEVELAND AVE. SUITE 300 FT. MYERS FL 33907 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1261243	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOROVOY, MARK S 12381 SOUTH CLEVELAND AVE SUITE 300 FORT MYERS FL 33907				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL 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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PTSD GOROVOY, MARK S 12381 SOUTH CLEVELAND AVE, STE 300 FORT MYERS FL 33907	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition U00000603623 01/25/07-80020-022 158.75	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Mark S. Gorovoy</i>			1-18-07 239-936-4944		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		