

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 601678

FILED
Nov 13, 2007
Secretary of State

Entity Name: MITTLEMAN EYE CENTER, P.A.

Current Principal Place of Business:

2601 N FLAGLER DR
SUITE 203
WEST PALM BEACH, FL 33407 US

Current Mailing Address:

2601 N FLAGLER DR
SUITE 203
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

2000 PALM BEACH LAKES BOULEVARD
SUITE 400
WEST PALM BEACH, FL 33409

New Mailing Address:

2000 PALM BEACH LAKES BOULEVARD
SUITE 400
WEST PALM BEACH, FL 33409

FEI Number: 59-1277528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITTLEMAN DAVID A MD
2601 N FLAGLER DR STE 203
W. PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

MITTLEMAN, DAVID A MD
2000 PALM BEACH LAKES BOULEVARD
SUITE 400
WEST PALM BEACH, FL 33409 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: DAVID A. MITTLEMAN, MD

11/13/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MITTLEMAN, DAVID A.
Address: 201 MAISON COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP () Delete
Name: GLATTS, HUGH F
Address: 201 MAISON COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TRS () Delete
Name: GOODMAN, LAWRENCE
Address: 126 PRESIDENTAL BLVD
City-St-Zip: BALA CYNWYD, PA 19004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: MITTLEMAN, DAVID A
Address: 201 MAISON COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410

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 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: HUGH GLATTS

VP

11/13/2007

Electronic Signature of Signing Officer or Director

Date