

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601678

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** MITTLEMAN EYE CENTER, P.A.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** MITTLEMAN, DAVID A CEO  
**Address:** 201 MAISON COURT  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

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

**Title:** TRS  
**Name:** GOODMAN, LAWRENCE CFO  
**Address:** 126 PRESIDENTIAL BLVD  
**City-St-Zip:** BALA CYNWYD, PA 19004

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: DAVID MITTLEMAN

CEO

04/26/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date