
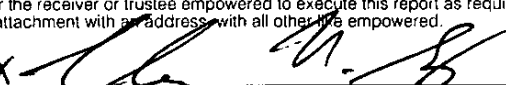


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90051 046 ***150.00

DOCUMENT # 603201 1. Entity Name OCALA EYE, P.A.					
Principal Place of Business 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 US			Mailing Address 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 US		
2. Principal Place of Business - No P.O. Box # 3130 SW 32nd AVE		3. Mailing Address SAME AS Principal			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State OCALA, FL.		City & State 		4. FEI Number 59-1363248	
Zip 34474		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, MICHAEL 1500 S.E. MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP/D JANK, MARK A MD <input type="checkbox"/> Delete 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. PDAK, PETER J MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3130 SW 32 AVENUE OCALA, FL. 34474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SCHWENK, GORDON C MD <input type="checkbox"/> Delete 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS CHANGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3130 SW 32nd AVE OCALA, FL. 34474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEATON, JOHN S DO <input type="checkbox"/> Delete 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARREN, RICHARD C MD <input type="checkbox"/> Delete 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, MICHAEL MD <input type="checkbox"/> Delete 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAMY, CHANDER MD <input type="checkbox"/> Delete 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.					
SIGNATURE: 			Date: 4/2/08 352-622-5183		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					