2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# 604774

Entity Name: FLORIDA EYE CLINIC, P.A.

Current Principal Place of Business:

160 BOSTON AVE.
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

160 BOSTON AVE.
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-1493386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISLER, JOHN L
160 BOSTON AVENUE
ALTAMONTE SPRINGS, FL 32701 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ISLER, JOHN
Address: 524 MANOR ROAD
City-St-Zip: MAITLAND, FL 32751

Title: SD ( ) Delete
Name: GRUENBERG, PETER
Address: 421 LAKEWOOD DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: VPD ( ) Delete
Name: PAPPAS, HARRY
Address: 641 BONITA DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: TD ( ) Delete
Name: FELDMAN, ROBERT
Address: 1316 GREEN COVE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: JOCHUM, JAMES
Address: 2116 SILVER LEAF COURT
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: PARKS, ROSS
Address: 896 BRIGHTWATER CIRCLE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: JOHN ISLER PD 04/26/2006

Electronic Signature of Signing Officer or Director Date