

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90035 028 \*\*\*150.00

**DOCUMENT # 604774**

1. Entity Name  
FLORIDA EYE CLINIC, P.A.



Principal Place of Business  
160 BOSTON AVE.  
ALTAMONTE SPRINGS, FL 32701 US

Mailing Address  
160 BOSTON AVE.  
ALTAMONTE SPRINGS, FL 32701 US

40144077



06142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1493386

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ISLER, JOHN  
STREET ADDRESS 524 MANOR ROAD 1742 Temple Drive  
CITY-ST-ZIP MAITLAND, FL 32751 Winter Park, FL 32789

TITLE SD  
NAME GRUENBERG, PETER  
STREET ADDRESS 421 LAKEWOOD DRIVE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VPD  
NAME PAPPAS, HARRY  
STREET ADDRESS 641 BONITA DRIVE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE TD  
NAME FELDMAN, ROBERT  
STREET ADDRESS 1316 GREEN COVE ROAD  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D  
NAME JOCHUM, JAMES  
STREET ADDRESS 2116 SILVER LEAF COURT  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE D  
NAME PARKS, ROSS  
STREET ADDRESS 896 BRIGHTWATER CIRCLE  
CITY-ST-ZIP MAITLAND, FL 32751

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:**

John L. Isler, M.D. 6/18/07 407-834-7776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #