

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604774

FILED  
Apr 25, 2009  
Secretary of State

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: 1742 TEMPLE DRIVE  
City-St-Zip: WINTER PARK, FL 32789

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 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: HARRY PAPPAS

VPD

04/25/2009

Electronic Signature of Signing Officer or Director

Date