2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604774

Entity Name: FLORIDA EYE CLINIC, P.A.

FILED Apr 27, 2011 Secretary of State

New Principal Place of Business:

Current Principal Place of Business:

160 BOSTON AVE.

ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address: New Mailing Address:

160 BOSTON AVE

ALTAMONTE SPRINGS, FL 32701 US

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

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

ISLER, JOHN L HARRY, PAPPAS L 160 BOSTON AVENUE 160 BOSTON AVENUE

ALTAMONTE SPRINGS, FL 32701 US ALTAMONTE SPRINGS, FL 32701 US

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: HARRY PAPPAS 04/27/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 ISLER, JOHN

 Address:
 1742 TEMPLE DRIVE

 City-St-Zip:
 WINTER PARK, FL 32789

Title: SD

Name: GRUENBERG, PETER
Address: 421 LAKEWOOD DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: VPD

 Name:
 PAPPAS, HARRY

 Address:
 641 BONITA DRIVE

 City-St-Zip:
 WINTER PARK, FL 32789

Title: TD

Name: FELDMAN, ROBERT
Address: 1316 GREEN COVE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: [

Name: JOCHUM, JAMES

Address: 2116 SILVER LEAF COURT City-St-Zip: LONGWOOD, FL 32779

Title:

Name: PARKS, ROSS

Address: 896 BRIGHTWATER CIRCLE City-St-Zip: MAITLAND, FL 32751

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: HARRY PAPPAS VP 04/27/2011