## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 604774** 

Entity Name: FLORIDA EYE CLINIC, P.A.

**FILED** Mar 06, 2012 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:

HARRY, PAPPAS L PAPPAS, HARRY

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 03/06/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

ISLER, JOHN Name: 1742 TEMPLE DRIVE Address: City-St-Zip: WINTER PARK, FL 32789

Title:

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

VPD Title:

PAPPAS, HARRY Name: 641 BONITA DRIVE Address: City-St-Zip: WINTER PARK, FL 32789

Title: TD

FELDMAN, ROBERT Name: Address: 661 COLUMBIA DRIVE 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

896 BRIGHTWATER CIRCLE Address: 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.

**VPD** SIGNATURE: HARRY PAPPAS 03/06/2012