

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 626229

FILED
Apr 13, 2005
Secretary of State

Entity Name: SOUTHERN EYE INSTITUTE, P.A.

Current Principal Place of Business:

580 W 8TH ST
SUITE 9017
JACKSONVILLE, FL 32209

New Principal Place of Business:

720 NORTH OCEAN STREET
JACKSONVILLE, FL 32202

Current Mailing Address:

580 W 8TH ST
SUITE 9017
JACKSONVILLE, FL 32209

New Mailing Address:

720 NORTH OCEAN STREET
JACKSONVILLE, FL 32202

FEI Number: 59-1915204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, BOWLUS, DUSS, MORGAN, KENNEY, SAFER
& HAMPTON, P.A.
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 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: PSTD () Delete
Name: FELDMAN, STUART D.O.
Address: 580 W 8TH ST, #9017
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: FELDMAN, STUART D.O.
Address: 720 NORTH OCEAN STREET
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STUART D FELDMAN DO

PSTD

04/13/2005

Electronic Signature of Signing Officer or Director

Date