

**2006 FOR PROFIT CORPORAT
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 660249

1. Entity Name
STUART EYE INSTITUTE, P.A.

Principal Place of Business
2090 SE OCEAN BLVD.
STUART, FL 34996

Mailing Address
2090 SE OCEAN BLVD.
STUART, FL 34996



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1980090

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SP

6. Name and Address of Current Registered Agent

DAVENPORT, WILLIAM H M.D.
2090 SE OCEAN BLVD
STUART, FL 34996

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its reg 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: Re signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign
Trust Fund Contribu ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVENPORT, WILLIAM
STREET ADDRESS 2090 SE OCEAN BLVD
CITY-ST-ZIP STUART, FL 34996

TITLE VD
NAME GUERRERO, JOHN
STREET ADDRESS 2090 SE OCEAN BLVD
CITY-ST-ZIP STUART, FL 34996

TITLE S
NAME KLAUS, NELSON C
STREET ADDRESS 2090 SE OCEAN BLVD
CITY-ST-ZIP STUART, FL 34996

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

1100000385282
01/18/06-80009-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered. ons contained in Chapter 119, Florida Statutes. I further certify that the information hall have the same legal effect as if made under oath; that I am an officer or director y Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Date

Daytime Phone #

John I. Guerrero 1/11/06 (712) 281-8177