

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 678054

1. Entity Name
FLORIDA RETINA INSTITUTE, JAMES A. STAMAN,
M.D., P.A.



Principal Place of Business
C/O JAMES A STAMAN
2639 OAK ST
JACKSONVILLE, FL 32204 US

Mailing Address
C/O JAMES A STAMAN
2639 OAK ST
JACKSONVILLE, FL 32204 US



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2009089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STAMAN, JAMES A.
2639 OAK ST
JACKSONVILLE, FL 32204

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STAMAN, JAMES A.
STREET ADDRESS	2639 OAK ST
CITY - ST - ZIP	JACKSONVILLE, FL 32204

TITLE	VD
NAME	MORENO, RAUL J
STREET ADDRESS	2639 OAK ST
CITY - ST - ZIP	JACKSONVILLE, FL 32204

TITLE	VD
NAME	DUNN, WILLIAM J
STREET ADDRESS	2639 OAK ST
CITY - ST - ZIP	JACKSONVILLE, FL 32204

TITLE	VD
NAME	SULLIVAN, JOHN P.
STREET ADDRESS	2639 OAK ST
CITY - ST - ZIP	JACKSONVILLE, FL 32204

TITLE	VD
NAME	BARNARD, THOMAS A
STREET ADDRESS	2639 OAK STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32204

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/25/05-80027-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05 904-387-5600
Date Daytime Phone #