

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 678054

FILED
Jan 19, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2009089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMAN, JAMES A.
2639 OAK ST
JACKSONVILLE, FL 32204 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: PD () Delete
Name: STAMAN, JAMES A.,
Address: 2639 OAK ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD () Delete
Name: MORENO, RAUL J
Address: 2639 OAK ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD () Delete
Name: DUNN, WILLIAM J
Address: 2639 OAK ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD () Delete
Name: SULLIVAN, JOHN P.
Address: 2639 OAK ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD () Delete
Name: BARNARD, THOMAS A
Address: 2639 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES A. STAMAN

DR

01/19/2006

Electronic Signature of Signing Officer or Director

Date