

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 678054

FILED  
Jan 12, 2009  
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 (X)**

**Name and Address of Current Registered Agent:**

FLORIDA RETINA INSTITUTE  
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

Title: VD ( ) Delete  
Name: MAVROFRIDES, ELIAS C  
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:

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

I hereby certify that the information supplied with this filing does not qualify 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, M.D.

DR.

01/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date