2011 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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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:

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

OFFICERS AND DIRECTORS:

Title: MD
Name: STAMAN, JAMES A.
Address: 2639 OAK ST
City-St-Zip: JACKSONVILLE, FL 32204

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

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

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

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

Title: VD
Name: MAVROFRIDES, ELIAS C
Address: 2639 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

I hereby 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 all other like empowered.

SIGNATURE: JAMES STAMAN, MD MD 03/18/2011
Electronic Signature of Signing Officer or Director Date