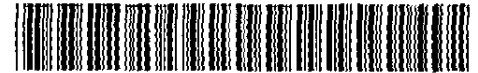


# ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                 |  |                                                                                   |
|-------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 703314</b><br>1. Entity Name<br><b>OPHTHALMIC LABORATORY ST JOSEPH'S HOSPITAL</b> |  |  |
|-------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|



|                                                                             |         |                                                                      |         |
|-----------------------------------------------------------------------------|---------|----------------------------------------------------------------------|---------|
| Principal Place of Business<br><b>2608 AZEELE STREET<br/>TAMPA FL 33609</b> |         | Mailing Address<br><b>2608 AZEELE STREET<br/>TAMPA FL 33609-4106</b> |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                       |         | 3. Mailing Address<br>Suite, Apt. #, etc.                            |         |
| City & State                                                                |         | City & State                                                         |         |
| Zip                                                                         | Country | Zip                                                                  | Country |

1st MOORE CR2E037 (10/05)

4. FEI Number **59-6002752** ☐ Applied For  
☐ Not Applicable

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

|                                                                                                                                  |  |                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>BERRYMAN, CLARA<br/>         3324 GRAY ST.<br/>         TAMPA FL 33609</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                              |
|------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HADDAD, MAURICE<br>4700 N HABANA AVE<br>TAMPA FL <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>BERRYMAN, CLARA C.<br>3324 GRAY ST.<br>TAMPA FL <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GIOVENCO, JOSEPH<br>508 S. HABANA<br>TAMPA FL 33609 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GROSS, STEVEN<br>880 6 ST S.<br>SAINT PETERSBURG FL 33701 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>KIRKCONNELL, WAITE<br>2808 W ML KING BLVD<br>TAMPA FL <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HOLLEY, BYRON<br>4710 W HABANA<br>TAMPA FL 33614 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add |

U00000515011  
 04/29/06-80193-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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.