# ANNUAL REPORT (AR)

DOCUMENT # 703314

1. Entity Name

OPHTHALMIC LABORATORY ST JOSEPH'S HOSPITAL

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

| Principal Place of Business | Mailing Address |
|---|---|
| 2608 AZEELE STREET<br>TAMPA FL 33609 | 2608 AZEELE STREET<br>TAMPA FL 33609-4106 |

1st MOORE CR2E037 (10/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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**

BERRYMAN, CLARA
3324 GRAY ST.
TAMPA FL 33609

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HADDAD,MAURICE<br>4700 N HABANA AVE<br>TAMPA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add<br>U00000515011<br>04/29/06-80193-020 61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>BERRYMAN, CLARA C.<br>3324 GRAY ST.<br>TAMPA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GIOVENCO, JOSEPH<br>506 S. HABANA<br>TAMPA FL 33609 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GROSS, STEVEN<br>880 6 ST S.<br>SAINT PETERSBURG FL 33701 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KIRKCONNELL, WAITE<br>2808 W ML KING BLVD<br>TAMPA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOLLEY, BYRON<br>4710 W HABANA<br>TAMPA FL 33614 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |

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.