

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 703314</b> 1. Entity Name OPTHALMIC LABORATORY ST JOSEPH'S HOSPITAL	
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Principal Place of Business 2608 AZEELE STREET TAMPA FL 33609	Mailing Address 2608 AZEELE STREET TAMPA FL 33609-4106
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2. Principal Place of Business - No P.O. Box # <i>Above</i>	3. Mailing Address <i>same</i>
Suite, Apt #, etc.	Suite, Apt #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number <b>59-6002752</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  BERRYMAN, CLARA 3324 GRAY ST. TAMPA FL 33609	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 transferring)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		Delete <input type="checkbox"/>
TITLE	D HADDAD, MAURICE 4700 N HABANA AVE TAMPA FL	<input type="checkbox"/>
TITLE	ST BERRYMAN, CLARA C. 3324 GRAY ST. TAMPA FL	<input type="checkbox"/>
TITLE	D GIOVENCO, JOSEPH 508 S. HABANA TAMPA FL 33609	<input type="checkbox"/>
TITLE	D GROSS, STEVEN 880 6 ST S. SAINT PETERSBURG FL 33701	<input type="checkbox"/>
TITLE	PD KIRKCONNELL, WAITE 2808 W ML KING BLVD TAMPA FL	<input type="checkbox"/>
TITLE	D HOLLEY, BYRON 4710 W HABANA TAMPA FL 33614	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	U00000696876 04/18/07-80018-004 61.25	<input type="checkbox"/>
TITLE		<input type="checkbox"/>

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.

SIGNATURE: Clara C Berryman *Clara C Berryman* 04/05/07 813-872-0480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #