

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

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

DOCUMENT # 703314

1. Entity Name

OPHTHALMIC LABORATORY ST JOSEPH'S HOSPITAL



Principal Place of Business

Mailing Address

2608 AZEELE STREET
TAMPA FL 33609

2608 AZEELE STREET
TAMPA FL 33609-4106



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc. *above*

Suite, Apt #, etc. *same*

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

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERRYMAN, CLARA
3324 GRAY ST.
TAMPA FL 33609

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000696876	
STREET ADDRESS	04/18/07-80018-004 61.25	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

Date

04/05/07

Daytime Phone #

813-872-0480