2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# 703314

Entity Name: OPHTHALMIC LABORATORY ST JOSEPH'S HOSPITAL

Current Principal Place of Business:

2608 AZEELE STREET
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

2608 AZEELE STREET
TAMPA, FL 336094106

New Mailing Address:

FEI Number: 59-6002752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERRYMAN, CLARA
3324 GRAY ST.
TAMPA, FL 33609 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:	D	( ) Delete
Name:	HADDAD,MAURICE,	
Address:	4700 N HABANA AVE	
City-St-Zip:	TAMPA, FL	
Title:	ST	( ) Delete
Name:	BERRYMAN, CLARA C.,	
Address:	3324 GRAY ST.	
City-St-Zip:	TAMPA, FL	
Title:	D	( ) Delete
Name:	GIOVENCO, JOSEPH	
Address:	508 S. HABANA	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	GROSS, STEVEN	
Address:	880 6 ST S.	
City-St-Zip:	SAINT PETERSBURG, FL 33701	
Title:	PD	( ) Delete
Name:	KIRKCONNELL, WAITE,	
Address:	2808 W ML KING BLVD	
City-St-Zip:	TAMPA, FL	
Title:	D	( ) Delete
Name:	HOLLEY, BYRON	
Address:	4710 W HABANA	
City-St-Zip:	TAMPA, FL 33614	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARA C BERRYMAN ST 02/27/2009
Electronic Signature of Signing Officer or Director — Date