2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2010
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:

3324 W GRAY ST
TAMPA, FL 336094106

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
Name: HADDAD,MAURICE
Address: 4700 N HABANA AVE
City-St-Zip: TAMPA, FL

Title: ST
Name: BERRYMAN, CLARA C.
Address: 3324 GRAY ST.
City-St-Zip: TAMPA, FL

Title: D
Name: GIOVENCO, JOSEPH
Address: 508 S. HABANA
City-St-Zip: TAMPA, FL 33609

Title: D
Name: GROSS, STEVEN
Address: 880 6 ST S.
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: PD
Name: KIRKCONNELL, WAITE
Address: 2808 W ML KING BLVD
City-St-Zip: TAMPA, FL

Title: D
Name: HOLLEY, BYRON
Address: 13303 DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: CLARA C BERRYMAN ST 04/18/2010
Electronic Signature of Signing Officer or Director Date