

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703314

FILED  
Apr 17, 2011  
Secretary of State

**Entity Name:** OPTHALMIC LABORATORY ST JOSEPH'S HOSPITAL

**Current Principal Place of Business:**

2608 AZEELE STREET  
TAMPA, FL 33609

**New Principal Place of Business:**

2608 AZEELE STREET  
#3  
TAMPA, FL 33609

**Current Mailing Address:**

3324 W GRAY ST  
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  
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

04/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date