

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704160

FILED
May 01, 2006
Secretary of State

Entity Name: NORTH FLORIDA EYE BANK, INC.

Current Principal Place of Business:

11221 ST JOHNS INDUSTRIAL PARKWAY SOUTH
STE 6
JACKSONVILLE, FL 32246

New Principal Place of Business:

11221 ST JOHNS INDUSTRIAL PKWY S
STE 6
JACKSONVILLE, FL 32246

Current Mailing Address:

11221 ST JOHNS INDUSTRIAL PKWY S
STE 6
JACKSONVILLE, FL 32246

New Mailing Address:

1410 NORTH 21ST STREET
TAMPA, FL 33605

FEI Number: 59-0976326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCLANAHAN, WALTER
7812 BLAKEFORD MILL LANE
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

WOODY, JASON K
1410 NORTH 21ST STREET
TAMPA, FL 33605 US

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: JASON K. WOODY

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COBD () Delete
Name: MCLANAHAN, WALTER
Address: 7812 BLAKEFORD MILL LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: DPP () Delete
Name: DICKINSON, DAVID
Address: 1651 W. SCHWARTZ BLVD
City-St-Zip: LADY LAKE, FL 32159

Title: D (X) Delete
Name: GOLDEN, TOM
Address: 1203 TARPON LANE
City-St-Zip: LADY LAKE, FL 32159

Title: DMD (X) Delete
Name: ADAMS, CHARLES P
Address: 1034 RIVERSIDE AV
City-St-Zip: JACKSONVILLE, FL 32204

Title: DMD (X) Delete
Name: BOWDEN, FRANK W III
Address: 1235 SAN MARCO BLVD #404
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Delete
Name: WATSON, ROSEMARIE
Address: 3927 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOODY, JASON K
Address: 1410 NORTH 21ST STREET
City-St-Zip: TAMPA, FL 33605

Title: S (X) Change () Addition
Name: HENDERSON, EDWARD
Address: 5936 17TH STREET NE
City-St-Zip: ST PETERSBURG, FL 33703

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 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: JASON K WOODY

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date