

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712544

FILED  
Apr 11, 2007  
Secretary of State

**Entity Name:** FLORIDA SOCIETY OF OPHTHALMOLOGY, INCORPORATED

**Current Principal Place of Business:**

8833 PERIMETER PARK BLVD  
# 301  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

8833 PERIMETER PARK BLVD  
# 301  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 59-1980531

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEYMOUR, CHRISTOPHER R  
8833 PERIMETER PARK BLVD  
# 301  
JACKSONVILLE, FL 32216 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: ED ( ) Delete  
Name: SEYMOUR, CHRISTOPHER R ED  
Address: 8833 PERIMETER PARK BLVD # 301  
City-St-Zip: JACKSONVILLE, FL 32216

Title: P ( ) Delete  
Name: DOLIN, GARY MD  
Address: 6060 26TH STREET W.  
City-St-Zip: BRADENTON, FL 34207

Title: ST ( ) Delete  
Name: TRENTACOSTE, JOSEPH MD  
Address: 15600 NW 67TH AVE. #210  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP (X) Delete  
Name: LEVINE, MICHAEL MD  
Address: 1325 S. CONGRESS AVE., STE. 103  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: PE ( ) Delete  
Name: TOPPINO, MAYSSA MD  
Address: 4880 N. HIGHWAY 19-A  
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: HASAN, SAIYID AKBAR MD  
Address: 4500 SAN PABLO RD  
City-St-Zip: JACKSONVILLE, FL 32224

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

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

Title: P (X) Change ( ) Addition  
Name: TOPPINO, MAYSSA MD  
Address: 4880 N. HIGHWAY 19-A  
City-St-Zip: MOUNT DORA, FL 32757

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: CHRISTOPHER SEYMOUR

ED

04/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date