

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000447

FILED
Jul 16, 2004
Secretary of State**Entity Name:** AMERICAN COLLEGE OF EYE SURGEONS, INCORPORATED**Current Principal Place of Business:**2665 OAK RIDGE CT., STE. A
FT MYERS, FL 33901**New Principal Place of Business:**2850 COUNTRYBROOK DR
F16
PALM HARBOR, FL 34784**Current Mailing Address:**2665 OAK RIDGE CT., STE. A
FT MYERS, FL 33901**New Mailing Address:**334 EAST LAKE ROAD
135
PALM HARBOR, FL 34684**FEI Number:** 75-2133835**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHEETS, BRENDA S
2665 OAK RIDGE CT., STE. A
FT MYERS, FL 33901**Name and Address of New Registered Agent:**ROARK, CARROL A
2850 COUNTRYBROOK DR
F16
PALM HARBOR, FL 34684

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: CARROL A. ROARK

07/16/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ASD () Delete
Name: SHEETS, BRENDA S
Address: 2665 OAK RIDGE CT., STE. A
City-St-Zip: FT MYERS, FL 33901

Title: P () Delete
Name: ARBISSER, LISA B MD
Address: 1351 WEST CENTRAL PARK, STE. 1200
City-St-Zip: DAVENPORT, IA 52804

Title: VP () Delete
Name: MCDONALD, JAMES E II, MD
Address: 3318 NORTH HILLS BLVD.
City-St-Zip: FAYETTEVILLE, AR 72703

Title: ST () Delete
Name: FERGUSON, LANCE S MD
Address: 2353 ALEXANDRIA DR., STE. 350
City-St-Zip: LEXINGTON, KY 40504

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EX D (X) Change () Addition
Name: ROARK, CARROL A
Address: 2850 COUNTRYBROOK DR, F16
City-St-Zip: PALM HARBOR, FL 34684

Title: D (X) Change () Addition
Name: ARBISSER, LISA B MD
Address: 1351 WEST CENTRAL PARK, STE. 1200
City-St-Zip: DAVENPORT, IA 52804

Title: D P (X) Change () Addition
Name: MCDONALD, JAMES E II, MD
Address: 3318 NORTH HILLS BLVD.
City-St-Zip: FAYETTEVILLE, AR 72703

Title: D ST (X) Change () Addition
Name: FERGUSON, LANCE S MD
Address: 2353 ALEXANDRIA DR., STE. 350
City-St-Zip: LEXINGTON, KY 40504

Title: D VP () Change (X) Addition
Name: FRY, LUTHER L MD
Address: 310 EAST WALNUT, SUITE 101
City-St-Zip: GARDEN CITY, KS 67846

Title: D () Change (X) Addition
Name: AKER, ALAN B MD
Address: 1445 NW BOCA RATON BLVD
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARROL A. ROARK

EXD

07/16/2004

Electronic Signature of Signing Officer or Director

Date

D JOHN R. KEARNEY, MD
2020 S. KINGSBORO AVENUE EXT.
135 COUNTY HIGHWAY 128

D WARREN E. HILL, MD
7525 EAST BROADWAY ROAD
SUITE 6
MESA, AZ 85208

D ROBIN F. BERAN, MD
5965 EAST BROAD STREET
SUITE 480
COLUMBUS, OH 43213