2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90272 007 ****61.25

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1. Entity Name
AMERICAN COLLEGE OF EYE SURGEONS, INCORPORATED

Principal Place of Business	Mailing Address
2856 ALLAPATTAH DR. CLEARWATER, FL 34685	334 EAST LAKE RD., #135 PALM HARBOR, FL 34685

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03082006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 75-2133835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROARK, CARROL A 2856 ALLAPATTAH DR. CLEARWATER, FL 33761	Name: Laurel Fields Street Address (P.O. Box Number is Not Acceptable): 2151 Ground Squirrel Dr. City: New Pnt Richy FL Zip Code: 34655

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: L L S 3/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EX D ROARK, CARROL A 2850 COUNTRYBROOK DR, F16 PALM HARBOR, FL 34684	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARBISSER, LISA B MD 1351 WEST CENTRAL PARK, STE. 1200 DAVENPORT, IA 52804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P MCDONALD, JAMES E II, MD 3318 NORTH HILLS BLVD. FAYETTEVILLE, AR 72703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P Fry, Luther L MD 310 East Walnut, Suite 101 Garden City, KS 67846	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ST FERGUSON, LANCE S MD 2353 ALEXANDRIA DR., STE. 350 LEXINGTON, KY 40504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP FRY, LUTHER L MD 310 EAST WALNUT, SUITE 101 GARDEN CITY, KS 67846	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP Whitman, Jeffrey MD 2801 Lemmon Ave. #400 Dallas, TX 75205	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AKER, ALAN B MD 1445 NW BOCA RATON BLVD BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: L L S 3/31/06 (727)346-1487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #