2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# F03000000447

Entity Name: AMERICAN COLLEGE OF EYE SURGEONS, INCORPORATED

Current Principal Place of Business:

2856 ALLAPATTAH DR.
CLEARWATER, FL 34685

New Principal Place of Business:

2151 GROUND SQUIRREL DR.
NEW PORT RICHEY, FL 34655

Current Mailing Address:

334 EAST LAKE RD., #135
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 75-2133835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDS, LAUREL
2151 GROUND SQUIRREL DR
NEW PORT RICHEY, FL 34655 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 ( ) Delete
Name: ARBISSER, LISA B MD
Address: 1351 WEST CENTRAL PARK, STE. 1200
City-St-Zip: DAVENPORT, IA 52804

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

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

Title: D VP (X) Delete
Name: WHITMAN, JEFFREY MD
Address: 2801 LEMMON AVE., #400
City-St-Zip: DALLAS, TX 75205

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WHITMAN, JEFFREY MD
Address: 2801 LEMMON AVE. #400
City-St-Zip: DALLAS, TX 75205

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

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

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: LAUREL FIELDS P 04/20/2007

Electronic Signature of Signing Officer or Director — Date