

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05997

FILED
Jun 24, 2009
Secretary of State

Entity Name: VITREORETINAL ASSOCIATES, P.A.

Current Principal Place of Business:

4340 NEWBERRY RD
202
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

4340 NEWBERRY RD
202
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-2046817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEMAN, ROBERT L
4340 NEWBERRY RD
SUITE 202
GAINESVILLE, FL 32607 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSEMAN, ROBERT L
Address: 4340 NEWBERRY RD SUITE 202
City-St-Zip: GAINESVILLE, FL 32607

Title: SD () Delete
Name: HAZARIWALA, KAUSHIK M
Address: 6512 NW 50TH LANE
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAUSHIK HAZARIWALA

SD

06/24/2009

Electronic Signature of Signing Officer or Director

Date