

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F37082

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** RETINAL AND MACULAR CONSULTANTS, P.A. LAWRENCE T. REESE, M.D.  
C/O LAWRENCE T.  
REESE

**Current Principal Place of Business:**

21110 BISCAYNE BLVD.  
SUITE 403  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

21110 BISCAYNE BLVD.  
SUITE 403  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 59-2095480      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

REESE, LAWRENCE T  
21110 BISCAYNE BLVD,  
SUITE 403  
AVENTURA, FL 33180 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: DPS  
Name: REESE, LAWRENCE T  
Address: 21110 BISCAYNE BLVD.#403  
City-St-Zip: AVENTURA, FL 33180 US

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE T. REESE

PRES

01/04/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date