

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F55028

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: COMMUNITY EYE CENTER, P.A.

**Current Principal Place of Business:**

21275 OLEAN BLVD.  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

21275 OLEAN BLVD.  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

FEI Number: 59-2136412      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HOLMES, DAVID A  
99 NESBIT STREET  
PUNTA GORDA, FL 33958      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: D      ( ) Delete  
Name: SPADAFORA, JOSEPH  
Address: 21275 OLEAN BLVD  
City-St-Zip: PORT CHARLOTTE, FL

Title: DS      ( ) Delete  
Name: SCHAIBLE, ERIC  
Address: 21275 OLEAN BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DP      ( ) Delete  
Name: SPADAFORA, JOSEPH  
Address: 21275 OLEAN BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH SPADAFORA

MGR

04/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date