


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90029 028 ***150.00

DOCUMENT # G33872 1. Entity Name FLORIDA EYE CLINIC AMBULATORY SURGICAL CENTER, INC.					
Principal Place of Business 160 BOSTON AVENUE ALTAMONTE SPRS., FL 32701			Mailing Address 160 BOSTON AVENUE ALTAMONTE SPRS., FL 32701		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2303141	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ISLER, JOHN L. MD 160 BOSTON AVENUE ALTAMONTE SPRS., FL 32701				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ISLER, JOHN L., M.D. 524 MANOR ROAD MAITLAND, FL 32751 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jochum, James 2116 Silver Leaf Court Longwood, FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAPPAS, HARRY R. 641 BONITA DRIVE WINTER PARK, FL 32789 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Parks, Ross 896 Brightwater Circle Maitland, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUENBERG, PETER 421 LAKEWOOD DRIVE WINTER PARK, FL 32789 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, ROBERT B. 2224 SMOKETREE COURT LONGWOOD, FL 32779 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Feldman, Robert 1316 Green Cove Road Winter Park, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: _____			John L. Isler, MD 1/14/05 407-834-7776		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		