


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90035 027 ***150.00

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| DOCUMENT # G33872 |  |
| 1. Entity Name FLORIDA EYE CLINIC AMBULATORY SURGICAL CENTER, INC. | |

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| Principal Place of Business 160 BOSTON AVENUE ALTAMONTE SPRS., FL 32701 | Mailing Address 160 BOSTON AVENUE ALTAMONTE SPRS., FL 32701 |
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DO NOT WRITE IN THIS SPACE

06152007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2303141 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ISLER, JOHN L. MD 160 BOSTON AVENUE ALTAMONTE SPRS., FL 32701 |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST ISLER, JOHN L., M.D. 524 MANOR ROAD 1742 Temple Drive MAITLAND, FL 32751 Winter Park, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PAPPAS, HARRY R. 641 BONITA DRIVE WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRUENBERG, PETER 421 LAKEWOOD DRIVE WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FELDMAN, ROBERT B. 1316 GREEN COVE ROAD WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOCHUM, JAMES 2116 SILVER LEAF COURT LONGWOOD, FL 32779 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARKS, ROSS 896 BRIGHTWATER CIRCLE MAITLAND, FL 32751 |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or without other line empowered.

SIGNATURE:  **John L. Isler, MD** 6/18/07 407-834-7776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #