# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 07, 2008**
**Secretary of State**

DOCUMENT# G33872

**Entity Name:** FLORIDA EYE CLINIC AMBULATORY SURGICAL CENTER, INC.

**Current Principal Place of Business:**

160 BOSTON AVENUE
ALTAMONTE SPRS., FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

160 BOSTON AVENUE
ALTAMONTE SPRS., FL 32701

**New Mailing Address:**

**FEI Number: 59-2303141** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ISLER, JOHN L. MD
160 BOSTON AVENUE
ALTAMONTE SPRS., FL 32701 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete
Name: ISLER, JOHN L M.D.
Address: 1742 TEMPLE DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: VP ( ) Delete
Name: PAPPAS, HARRY R.,
Address: 641 BONITA DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: GRUENBERG, PETER,
Address: 421 LAKEWOOD DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: FELDMAN, ROBERT B.,
Address: 1316 GREEN COVE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: JOCHUM, JAMES
Address: 2116 SILVER LEAF COURT
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: PARKS, ROSS
Address: 896 BRIGHTWATER CIRCLE
City-St-Zip: MAITLAND, FL 32751

**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:

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: BONNIE CAPPELLO CFO 05/07/2008

Electronic Signature of Signing Officer or Director Date