2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G42430

FILED Mar 19, 2008 Secretary of State

Entity Name: ORION T. AYER, JR., M.D., P.A. - THE RETINA INSTSTITUTE

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1955 FIRST AVE N ST. PETERSBURG, FL	_ 337333007 US			
Current Mailing Addr	ess:	New Mailing Addres	ss:	
PO DRAWER 16007 POST OFFICE DRAW ST. PETERSBURG, FL				
FEI Number: 59-2293329	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
1955 1ST AVE., NO. ST. PETERSBURG, FL The above named entit		purpose of changing its registere	ed office or registered agent, or bo	
1955 1ST AVE., NO. ST. PETERSBURG, FL The above named entit In the State of Florida.	y submits this statement for the p			
in the State of Florida. SIGNATURE:Electr	y submits this statement for the positions on the position on the position on the position of the position on the position of		ed office or registered agent, or bo Date	
1955 1ST AVE., NO. ST. PETERSBURG, FL The above named entit n the State of Florida. SIGNATURE: Electron Campaign Finance	y submits this statement for the point on the point on the point on the point on the point of th	ent		
1955 1ST AVE., NO. ST. PETERSBURG, FL The above named entit in the State of Florida. SIGNATURE: Electron Campaign Financ OFFICERS AND DIRE Title: DP Name: AYER, ORIO Address: 1955 1ST AV	y submits this statement for the point Signature of Registered Aging Trust Fund Contribution (). CCTORS: () Delete NT., JR.,, M.D	ent	Date	

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: ORION T. AYER, JR., M.D. PRES 03/19/2008