

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63950

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: SOUTH FLORIDA EYE ASSOCIATES, P.A.

**Current Principal Place of Business:**

800 DOUGLAS RD  
STE 540  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

800 DOUGLAS RD  
STE 540  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 59-2356915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

B & C CORPORATE SERVICES, INC.  
ONE BISCAYNE TOWER, 21ST FLOOR  
2 SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131 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: KEILSON, LOUIS R M.D.  
Address: 1295 NW 14TH ST. STE. C  
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete  
Name: SEGALL, MORRIS M.D.  
Address: 1295 NW 14TH ST., STE. C  
City-St-Zip: MIAMI, FL 33125

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

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: LOUIS R. KEILSON, MD

D

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date