

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G63950

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

800 DOUGLAS RD  
STE 150  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

800 DOUGLAS RD  
STE 150  
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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** KEILSON, LOUIS R M.D.  
**Address:** 800 DOUGLAS RD. SUITE 150  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** SEGALL, MORRIS M.D.  
**Address:** 800 DOUGLAS RD. SUITE 150  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

**SIGNATURE:** MORRIS F SEGALL, MD

MR.

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date