

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # G67810 1. Entity Name SUNCOAST EYE CENTER, P.A.		
Principal Place of Business 14003 LAKESHORE BLVD HUDSON, FL 34667	Mailing Address 14003 LAKESHORE BLVD HUDSON, FL 34667	



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2337219	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SEIGEL, LAWRENCE A.
14003 LAKESHORE BLVD
HUDSON, FL 34667**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEIGEL, LAWRENCE A. 14003 LAKESHORE BLVD HUDSON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FREEDMAN, ALAN M. 14003 LAKESHORE BLVD. HUDSON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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03/23/05-80012-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05

Date

(727) 868-9442

Daytime Phone #

Lawrence A. Seigel, M.D. President