

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 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**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2337219

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000779587
01/11/08-80043-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEIGEL, LAWRENCE A. 14003 LAKESHORE BLVD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FREEDMAN, ALAN M. 14003 LAKESHORE BLVD. HUDSON, FL 34667
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alan M. Freedman 1/8/08 (727) 868-9442