2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# H19084

Entity Name: RALPH B. MONNETT, JR., MD., P.A.

Current Principal Place of Business:

C/O RALPH B. MONNETT, JR., MD
14410 US HWY 1
SEBASTIAN, FL 32958 US

New Principal Place of Business:

MONNETTE EYE AND SURGERY CENTER
14410 US HWY 1
SEBASTIAN, FL 32958 US

Current Mailing Address:

C/O RALPH B. MONNETT, JR., MD
14410 US HWY 1
SEBASTIAN, FL 32958 US

New Mailing Address:

MONNETTE EYE AND SURGERY CENTER
14410 US HWY 1
SEBASTIAN, FL 32958 US

FEI Number: 59-2437346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONNETT, RALPH B., JR., MD
14410 US HWY 1
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

MONNETT, RALPH B JR, MD
14410 US HWY 1
SEBASTIAN, FL 32958 US

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: RALPH B MONNETT, JR. 02/18/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MONNETT, RALPH B MD
Address: 14410 US HWY 1
City-St-Zip: SEBASTIAN, FL 32958 US

Title: VP
Name: MONNETT, TERESA
Address: 14410 US HWY 1
City-St-Zip: SEBASTIAN, FL 32958 US

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: RALPH B MONNETT, JR. MD PRES 02/18/2011
Electronic Signature of Signing Officer or Director Date