## 2005 FOR PROFIT CORPORATION

SIGNATURE:

## Mar 21, 2005 8:00 am **ANNUAL REPORT (AR) Secretary of State** DOCUMENT # H69092 02-23-2005 90065 048 \*\*\*150.00 1. Entity Name EYE PHYSICIANS AND SURGEONS OF FLORIDA, P.A. Principal Place of Business Mailing Address 66006650 12525 NEW BRITTANY BLVD FT. MYERS FL 33907 12525 NEW BRITTANY BLVD FT. MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2559784 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SNEAD, JOHN W. Street Address (P.O. Box Number is Not Acceptable) 12525 NEW BRITTANY BLVD. FT. MYERS FL 33907 Zip Code 8. The above named entity subgrits 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 SIGNATURE constant title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE ☐ Delete TITLE ☐ Addition NAME SNEAD, JOHN W. NAME STREET ADDRESS 5660 HARBORRAGE DR. STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-SI-70P TITLE ☐ Delete ☐ Addition ☐ Change TUTLE MALJE NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition NAME" NAME" STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Changa ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NILE ☐ Deleta Change ☐ Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IITI E ☐ Delete TITLE ☐ Change ☐ Addillion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Securate 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appeads in Block 10 changed, or on an attachment with an address, with all other like empowered.

FILED