


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # H69092 1. Entity Name EYE PHYSICIANS AND SURGEONS OF FLORIDA, P.A.	
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Principal Place of Business 12525 NEW BRITTANY BLVD FT. MYERS FL 33907 US	Mailing Address 12525 NEW BRITTANY BLVD FT. MYERS FL 33907 US
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2559784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SNEAD, JOHN W. 12525 NEW BRITTANY BLVD. FT. MYERS FL 33907	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)</small>	DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SNEAD, JOHN W. 5650 HARBORRAGE DR. FT. MYERS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100000422124 02/17/06-80002-004 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without power like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____