

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90021 031 \*\*\*150.00


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01102007 No Chg-P CR2E034 (11/05)

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

**DOCUMENT # H69092**  
 1. Entity Name  
**EYE PHYSICIANS AND SURGEONS OF FLORIDA, P.A.**



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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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SNEAD, JOHN W.  
 12525 NEW BRITTANY BLVD.  
 FT. MYERS, FL 33907

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD SNEAD, JOHN W. 5660 HARBORRAGE DR. FT. MYERS, FL
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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 all other like empowered.

**SIGNATURE:** John W. Snead 1/16/07 936-8686  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #