

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69092

FILED
Jan 15, 2008
Secretary of State

Entity Name: EYE PHYSICIANS AND SURGEONS OF FLORIDA, P.A.

Current Principal Place of Business:

12525 NEW BRITTANY BLVD
FT. MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

12525 NEW BRITTANY BLVD
FT. MYERS, FL 33907 US

New Mailing Address:

FEI Number: 59-2559784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SNEAD, JOHN W.
Address: 5660 HARBORRAGE DR.
City-St-Zip: FT. MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SNEAD, JOHN W MD
Address: 5660 HARBORRAGE DR.
City-St-Zip: FT. MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN W. SNEAD

PRES

01/15/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date