

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69092

**FILED**  
**Jan 21, 2011**  
**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:**

4790 BARKLEY CIRCLE  
BLDG C #103  
FT. MYERS, FL 33907 US

**Current Mailing Address:**

12525 NEW BRITTANY BLVD  
FT. MYERS, FL 33907 US

**New Mailing Address:**

4790 BARKLEY CIRCLE  
BLDG C #103  
FT. MYERS, FL 33907 US

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

**OFFICERS AND DIRECTORS:**

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

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: JOHN W SNEAD

MGR

01/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date