

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69092

FILED
Jan 09, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

4790 BARKLEY CIRCLE
BLDG C #103
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:

SNEAD, JOHN W.
4790 BARKLEY CIRCLE #C103
FT. MYERS, FL 33907 US

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: JOHN SNEAD

01/09/2012

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 SNEAD

PRES

01/09/2012

Electronic Signature of Signing Officer or Director

Date