2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# J31174

Entity Name: RETINA ASSOCIATES OF FLORIDA, P.A.

Current Principal Place of Business:

602 S. MACDILL AVE.
TAMPA, FL 33609

New Principal Place of Business:

602 S. MACDILL AVE.
TAMPA, FL 336094614

Current Mailing Address:

602 S. MACDILL AVE.
TAMPA, FL 33609

New Mailing Address:

602 S. MACDILL AVE.
TAMPA, FL 336094614

FEI Number: 59-2695288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIZZARD, W. SANDERSON
508 S HABANA
SUITE 120
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

GRIZZARD, W. SANDERSON
508 S HABANA
SUITE 120
TAMPA, FL 336094614 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: _____ 04/20/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GRIZZARD, W. SANDERS, ON
Address: 508 S HABANA, STE. 120
City-St-Zip: TAMPA, FL 336094179

Title: TS ( ) Delete
Name: HAMMER, MARK E. M.D.,
Address: 508 SO. HABANA, STE. 120
City-St-Zip: TAMPA, FL 336094179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GRIZZARD, W. SANDERS, ON
Address: 602 S. MACDILL AVE
City-St-Zip: TAMPA, FL 336094614

Title: TS (X) Change ( ) Addition
Name: HAMMER, MARK E. M.D.,
Address: 602 S. MACDILL AVE
City-St-Zip: TAMPA, FL 336094614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: W. SANDERSON GRIZZARD DP 04/20/2004
Electronic Signature of Signing Officer or Director — Date