

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J31174

FILED
Apr 14, 2009
Secretary of State

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

Current Principal Place of Business:

602 S. MACDILL AVE.
TAMPA, FL 336094614

New Principal Place of Business:

602 S. MACDILL AVE.
TAMPA, FL 336094614 US

Current Mailing Address:

602 S. MACDILL AVE.
TAMPA, FL 336094614

New Mailing Address:

602 S. MACDILL AVE.
TAMPA, FL 336094614 US

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
602 S. MACDILL AVE
TAMPA, FL 336094614 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: DP () Delete
Name: GRIZZARD, W. SANDERSON
Address: 602 S. MACDILL AVE
City-St-Zip: TAMPA, FL 336094614

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: W SANDERSON GRIZZARD

DP

04/14/2009

Electronic Signature of Signing Officer or Director

Date