

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # J38387 1. Entity Name OPHTHALMIC CONSULTANTS, P.A.	
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Principal Place of Business 1700 S. TUTTLE AVE SUITE 3 SARASOTA, FL 34239-0197	Mailing Address 1700 S. TUTTLE AVE SUITE 3 SARASOTA, FL 34239-0197
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2726035	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SNYDER, ROBERT K., M.D. 1700 S. TUTTLE AVE SUITE 3 SARASOTA, FL 34239-0197
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SNYDER, ROBERT K. 1700 S TUTTLE AVE 3 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS RUNGE, PAUL E 1700 S TUTTLE AVE SARASOTA, FL 34239
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. Snyder, M.D.* 2/7/05 941-952-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #