2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# J97080

Entity Name: MID-FLORIDA EYE CENTER, P.A.

Current Principal Place of Business:

17560 U.S. HWY 441
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

17560 U.S. HWY 441
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-2848302 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PULLUM, J. STEPHEN
1330 W CITIZENS BLVD.
SUITE 701
LEESBURG, FL 34748 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: PD
Name: BAUMANN, JEFFREY D M.D.
Address: 17560 U.S. HWY 441
City-St-Zip: MT DORA, FL 32757

Title: VD
Name: PANZO, GREGORY J M.D.
Address: 17560 U.S. HWY 441
City-St-Zip: MT DORA, FL 32757

Title: VD
Name: KEITH, CHARLES M.D.
Address: 17560 U.S. HWY 441
City-St-Zip: MT DORA, FL 32757

Title: SD
Name: MAIZEL, RAY DAVID M.D.
Address: 17560 U.S. HWY 441
City-St-Zip: MT DORA, FL 32757

Title: TD
Name: GOLDEY, STACIA H M.D.
Address: 17560 U.S. HWY 441
City-St-Zip: MT DORA, FL 32757

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: JEFFREY D. BAUMANN, MD PD 04/01/2011

Electronic Signature of Signing Officer or Director — Date