

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 16, 2005 08:00 AM  
Secretary of State

DOCUMENT # K68733

1. Entry Name  
EAST FLORIDA EYE INSTITUTE, P.A.



Principal Place of Business  
509 SE RIVERSIDE DRIVE  
SUITE 302  
STUART, FL 34994

Mailing Address  
P.O. BOX 896  
STUART, FL 34995

DO NOT WRITE IN THIS SPACE



04032005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2936142

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRENKEL, RONALD  
509 SE RIVERSIDE DRIVE, SUITE 302  
STUART, FL 34994

DO NOT WRITE  
IN THIS SPACE

8. The above named entry 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 agents.

SIGNATURE

Signature typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when registering)

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DPST  
FRENKEL, RONALD  
509 SE RIVERSIDE DRIVE, SUITE 302  
STUART, FL 34994

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

000000303297  
04/16/05-80030-022 150.00

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Ronald Frenkel* Ronald Frenkel, Pres. 4/13/05 772-287-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DEGREE, TITLE, ETC.