


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90044 002 \*\*\*150.00

<b>DOCUMENT # K68733</b> 1. Entity 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
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FRENKEL, RONALD 509 SE RIVERSIDE DRIVE, SUITE 302 STUART, FL 34994		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FRENKEL, RONALD 509 SE RIVERSIDE DRIVE, SUITE 302 STUART, FL 34994	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Ronald Frenkel</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>RONALD FRENKEL</b>		1-18-06 772-287-9000 Date Daytime Phone #



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-29361-	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	