

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L87690

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: AFFILIATED EYE SPECIALISTS, P.A.

**Current Principal Place of Business:**

331 N. MAITLAND AVE., SUITE B-2  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

331 N. MAITLAND AVE., SUITE B-2  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 59-3021959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHWARTZ, MARC F., M.D.  
331 N. MAITLAND AVE., SUITE B-2  
MAITLAND, FL 32751 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: PD ( ) Delete  
Name: SCHWARTZ, MARC F., M, .D.  
Address: 331 N MAITLAND AVE  
City-St-Zip: MAITLAND, FL 32751

Title: V ( ) Delete  
Name: SCHWARTZ, JILL  
Address: 331 N. MAITLAND AVE.  
City-St-Zip: MAITLAND, FL 32751

Title: S ( ) Delete  
Name: SCHWARTZ, JILL S.  
Address: 331 N. MAITLAND AVE.  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: MARC F. SCHWARTZ MD

PD

01/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date