

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L87690

FILED
Aug 09, 2011
Secretary of State

Entity Name: AFFILIATED EYE SPECIALISTS, P.A.

Current Principal Place of Business:

331 N. MAITLAND AVE
SUITE B2
MAITLAND, FL 32751

New Principal Place of Business:

331 N. MAITLAND AVE.
SUITE B2
MAITLAND, FL 32751

Current Mailing Address:

331 N. MAITLAND AVE.
SUITE B2
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 B2
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

SCHWARTZ, MARC F M.D.
331 N. MAITLAND AVE.
SUITE B2
MAITLAND, FL 32751 US

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: MARC F. SCHWARTZ, M.D.

08/09/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT
Name: AZIZ, ANDREW A M.D.
Address: 331 N. MAITLAND AVE., SUITE B2
City-St-Zip: MAITLAND, FL 32751

Title: DVS
Name: SCHWARTZ, MARC F M.D.
Address: 331 N. MAITLAND AVE., SUITE B2
City-St-Zip: MAITLAND, FL 32751

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: MARC F. SCHWARTZ, M.D.

V

08/09/2011

Electronic Signature of Signing Officer or Director

Date