2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L92229

1. Entity Name
CENTER FOR EYE CARE & SURGERY, P.A.

Principal Place of Business	Mailing Address
1821 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952 US	1821 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952 US

DO NOT WRITE IN THIS SPACE

03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0208821

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SILVIANO MATAMOROS
1821 SE PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34952

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $590.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000097596
03/29/04-80007-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATAMOROS, SILVIANO MD
STREET ADDRESS	1821 SE PSL BLVD
CITY-ST-ZIP	PORT ST LUCIE, FL
TITLE	PST
NAME	MATAMOROS, SILVIANO MD
STREET ADDRESS	1821 SE PSL BLVD
CITY-ST-ZIP	PORT ST LUCIE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SILVIANO MATAMOROS 3/10/04 772-337-5332
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #