

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009205

FILED  
Mar 30, 2009  
Secretary of State

**Entity Name:** DR. JOSE C. SANCHEZ LIONS EYE CLINIC OF MONROE COUNTY FLORIDA, INC.

**Current Principal Place of Business:**

3405 N ROOSEVELT BLVD  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

3405 N ROOSEVELT BLVD  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SNOW, CARRIE  
Address: 3405 N ROOSEVELT BLVD  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: GONZALEZ, SYLVIA  
Address: 3405 N ROOSEVELT BLVD  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: MALCOLN, JIM  
Address: 3405 N ROOSEVELT BLVD  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: MEDEROS, ANGEL  
Address: 3405 N ROOSEVELT BLVD  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: BERNETT, ALKAY  
Address: 3405 N ROOSEVELT BLVD  
City-St-Zip: KEY WEST, FL 33040

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

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

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

Title: D (X) Change ( ) Addition  
Name: APPLE, MILTON  
Address: 3405 N ROOSEVELT BLVD  
City-St-Zip: KEY WEST, FL 33040

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALKAY BERNETT, BY V. PAEZ AS ATTY-IN-FACT

D

03/30/2009

Electronic Signature of Signing Officer or Director

Date