2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

DOCUMENT# N08000009205

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: 26-3479783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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
Name: SNOW, CARRIE
Address: 3405 N ROOSEVELT BLVD
City-St-Zip: KEY WEST, FL 33040

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

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

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

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

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

SIGNATURE: CARRIE SNOW D 04/27/2010

Electronic Signature of Signing Officer or Director — Date