2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N15260

1. Entity Name
SUNCOAST EYE CENTER FOUNDATION, INC.

Principal Place of Business	Mailing Address
% LAWRENCE A. SEIGEL, M.D. 14003 LAKESHORE BLVD. HUDSON, FL 34667	% LAWRENCE A. SEIGEL, M.D. 14003 LAKESHORE BLVD. HUDSON, FL 34667

DO NOT WRITE IN THIS SPACE

02232004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2684805

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEIGEL, LAWRENCE A.
14003 LAKESHORE BLVD.
HUDSON, FL 34667

DO NOT WRITE IN THIS SPACE

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)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEIGEL, LAWRENCE A. M.D.
STREET ADDRESS	14003 LAKESHORE BLVD.
CITY-ST-ZIP	HUDSON, FL
TITLE	D
NAME	SEIGEL, ARLENE
STREET ADDRESS	14003 LAKESHORE BLVD.
CITY-ST-ZIP	HUDSON, FL
TITLE	D
NAME	DAYTON, KENNETH
STREET ADDRESS	210 SARASOTA RD
CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	D
NAME	SEIGEL, LAWRENCE A.
STREET ADDRESS	14003 LAKESHORE BLVD.
CITY-ST-ZIP	HUDSON, FL
TITLE	S
NAME	KAPLAN, DEBORA A
STREET ADDRESS	14003 LAKESHORE BLVD
CITY-ST-ZIP	HUDSON, FL
TITLE	T
NAME	MOWERY, CONNIE L
STREET ADDRESS	14003 LAKESHORE BLVD
CITY-ST-ZIP	HUDSON, FL

U00000092993
03/19/04-80031-006 61.25

DO NOT WRITE IN THIS SPACE

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 617, 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: Lawrence A. Seigel 3/16/04 (727)585-2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lawrence A. Seigel Date Daytime Phone #