

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 % LAWRENCE A. SEIGEL, M.D. 14003 LAKESHORE BLVD. HUDSON, FL 34667	Mailing Address % LAWRENCE A. SEIGEL, M.D. 14003 LAKESHORE BLVD. HUDSON, FL 34667
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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**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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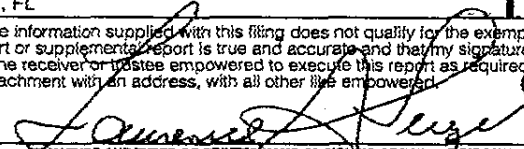
10. OFFICERS AND DIRECTORS

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

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U000000092993
03/19/04-80031-006 61.25

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 life empowered.

SIGNATURE:  **Lawrence A. Seigel** **3/16/04** **(772) 848-2442**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #