

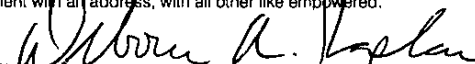
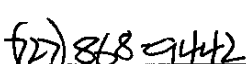


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2007 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					
DO NOT WRITE IN THIS SPACE		07272007 No Chg-NP CR2E037 (4/06)				
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 59-2684805</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-2684805	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		<div style="text-align: right;">U00000771043 08/01/07-80002-014 70.00</div> DO NOT WRITE IN THIS SPACE				
<small>TITLE</small>	P					
<small>NAME</small>	SEIGEL, LAWRENCE A. M.D.					
<small>STREET ADDRESS</small>	14003 LAKESHORE BLVD.					
<small>CITY-ST-ZIP</small>	HUDSON, FL					
<small>TITLE</small>	D					
<small>NAME</small>	SEIGEL, ARLENE					
<small>STREET ADDRESS</small>	14003 LAKESHORE BLVD.					
<small>CITY-ST-ZIP</small>	HUDSON, FL					
<small>TITLE</small>	D					
<small>NAME</small>	DAYTON, KENNETH					
<small>STREET ADDRESS</small>	210 SARASOTA RD					
<small>CITY-ST-ZIP</small>	BELLEAIR, FL 33756					
<small>TITLE</small>	D					
<small>NAME</small>	SEIGEL, LAWRENCE A.					
<small>STREET ADDRESS</small>	14003 LAKESHORE BLVD.					
<small>CITY-ST-ZIP</small>	HUDSON, FL					
<small>TITLE</small>	S					
<small>NAME</small>	KAPLAN, DEBORA A					
<small>STREET ADDRESS</small>	14003 LAKESHORE BLVD					
<small>CITY-ST-ZIP</small>	HUDSON, FL					
<small>TITLE</small>	T					
<small>NAME</small>	MOWERY, CONNIE L					
<small>STREET ADDRESS</small>	14003 LAKESHORE BLVD					
<small>CITY-ST-ZIP</small>	HUDSON, FL					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		7/27/07 				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #				