


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N15260 1. Entity Name SUNCOAST EYE CENTER FOUNDATION, INC.	
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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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01032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2684805	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000783896
01/16/08-80034-010 61.25

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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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #