


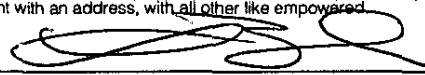


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N20559 1. Entity Name CENTRAL FLORIDA SOCIETY OF OPHTHALMOLOGY, INC.						FILED 04 NOV 30 PM 12:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 115 W. COLUMBIA STREET ORLANDO, FL 32806				Mailing Address 115 W. COLUMBIA STREET ORLANDO, FL 32806			
2. Principal Place of Business 1170 S. SEMORAN BLVD Suite, Apt. #, etc. Suite C City & State Orlando, FL Zip 32807		3. Mailing Address 1170 S. SEMORAN BLVD Suite, Apt. #, etc. Suite C City & State Orlando, FL Zip 32807		4. FEI Number 59-2862159		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				11212004 REIN-NP CR2E099 (6/04)			
6. Name and Address of Current Registered Agent HAAS, BRIAN M.D. 16 W. COLUMBIA STREET ORLANDO, FL 32806				7. Name and Address of New Registered Agent Name LOUIS C. BLUMENFELD, MD. Street Address (P.O. Box Number is Not Acceptable) 225 W. SR. 434 City Longwood, FL Zip Code FL 32750			
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.</small>				LOUIS C. BLUMENFELD, MD. <small>(NOTE: Registered Agent signature required when reinstating)</small>		11/22/04 <small>DATE</small>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARKS, RUBIN MD 580 MEMORIAL CR #17 ORLANDO, FL 32806	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POUKAS, MARGARET 115 W. COLUMBIA ST SUITE C ORLANDO, FL 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CHRISS, LISA MD 1925 MIZELL AVE # 302 WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BLUMENFELD, LOUIS 225 W. SR 434, SUITE 111 LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD POUKAS, MARGARET 115 W COLUMBIA ST ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD/TO KRAUT, ROBERT 1170 S. SEMORAN BLVD, SUITE C ORLANDO, FL 32807	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TO BLUMFELD, LOUIS MD 115 W COLUMBIA ST STE A ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11/22/04 407-767-6411 <small>Date Daytime Phone #</small>			