

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23684

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** THE SIGHT FOUNDATION OF THE FLORIDA EYE INSTITUTE, INC.

**Current Principal Place of Business:**

2750 INDIAN RIVER BLVD.  
VERO BCH., FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

2750 INDIAN RIVER BLVD.  
VERO BCH., FL 32960

**New Mailing Address:**

**FEI Number:** 65-0050113      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MINOTTY, PAUL V.  
2750 INDIAN RIVER BLVD.  
VERO BCH., FL 32960      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MACDONALD, MARY L  
Address: 2750 INDIAN RIVER BLVD  
City-St-Zip: VERO BCH., FL

Title: D      ( ) Delete  
Name: MINOTTY, PAUL V  
Address: 2750 INDIAN RIVER BLVD  
City-St-Zip: VERO BCH., FL

Title: D      ( ) Delete  
Name: MINOTTY, DENISE  
Address: 2750 INDIAN RIVER BLVD  
City-St-Zip: VERO BCH., FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL V. MINOTTY, M.D.

D

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date