

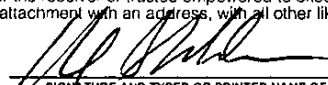


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2007 08:00 AM
Secretary of State

DOCUMENT # N29976 1. Entity Name FLORIDA SURGICAL EYE EXPEDITIONS, INC.			
Principal Place of Business 950 NW 13TH ST BOCA RATON, FL 33486 US		Mailing Address 950 NW 13TH ST BOCA RATON, FL 33486 US	
DO NOT WRITE IN THIS SPACE			
		07092007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 65-0136740	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GOLDMAN, HOWARD B MD 950 NW 13TH ST. BOCA RATON, FL 33486		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		DO NOT WRITE IN THIS SPACE U00000770684 07/27/07-80002-012 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARONOWITZ, JEROME 4567 NW 25TH WAY BOCA RATON, FL 33486		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDMAN, HOWARD B. 950 NW 13TH ST. BOCA RATON, FL 33486		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMONE, RALPH 950 NW 13TH ST BOCA RATON, FL 33486		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEINER, MARK MD 950 NW 13TH ST BOCA RATON, FL 33486		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  Howard B. Goldman		7/16/07	561 391-8300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>