

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29976

FILED
Jan 15, 2008
Secretary of State

Entity Name: FLORIDA SURGICAL EYE EXPEDITIONS, INC.

Current Principal Place of Business:

950 NW 13TH ST
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

950 NW 13TH ST
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 65-0136740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, HOWARD B MD
950 NW 13TH ST.
BOCA RATON,, FL 33486 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: TD () Delete
Name: ARONOWITZ, JEROME,
Address: 4567 NW 25TH WAY
City-St-Zip: BOCA RATON, FL 33486 US

Title: PD () Delete
Name: GOLDMAN, HOWARD B.,
Address: 950 NW 13TH ST.
City-St-Zip: BOCA RATON, FL 33486 US

Title: SD () Delete
Name: SIMONE, RALPH
Address: 950 NW 13TH ST
City-St-Zip: BOCA RATON, FL 33486

Title: VP () Delete
Name: WEINER, MARK MD
Address: 950 NW 13TH ST
City-St-Zip: BOCA RATON, FL 33486 US

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:

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: HOWARD B. GOLDMAN, MD

PD

01/15/2008

Electronic Signature of Signing Officer or Director

Date