2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004
Secretary of State

DOCUMENT# N38056

Entity Name: FLORIDA EYE INJURY REGISTRY, INC.

Current Principal Place of Business:

8833 PERIMETER PARK BOULEVARD
#301
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8833 PERIMETER PARK BOULEVARD
#301
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3051564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEYMOUR, CHRISTOPHER
8833 PERIMETER PARK BOULEVARD #301
JACKSONVILLE, FL 32216

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: MICHELS, MARK
Address: 3399 PLM BCH GRDNS BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ST ( ) Delete
Name: TRENTACOST, JOSEPH
Address: 15600 NW 67TH AVE #210
City-St-Zip: HIALEAH, FL 33014

Title: D ( ) Delete
Name: CANO, DAVID
Address: 2601 N FLAGLER DR, #203
City-St-Zip: W PALM BCH, FL

Title: MD ( ) Delete
Name: SEYMOUR, CHRISTOPHER R
Address: 8833 PERIMETER PARL BLVD #301
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: SHUGARMAN, DR. RICHARD G
Address: 109A JFK DRIVE
City-St-Zip: ATLANTIS, FL 33462

Title: PD ( ) Delete
Name: DORFMAN, MARK
Address: 2740 HOLLYWOOD BOULEVARD
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MICHELS, MARK MD
Address: 3399 PLM BCH GRDNS BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ST (X) Change ( ) Addition
Name: TRENTACOST, JOSEPH MD
Address: 15600 NW 67TH AVE #210
City-St-Zip: HIALEAH, FL 33014

Title: D (X) Change ( ) Addition
Name: CANO, DAVID MD
Address: 2601 N FLAGLER DR, #203
City-St-Zip: W PALM BCH, FL

Title: ED (X) Change ( ) Addition
Name: SEYMOUR, CHRISTOPHER R ED
Address: 8833 PERIMETER PARL BLVD #301
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change ( ) Addition
Name: SHUGARMAN, DR. RICHARD G MD
Address: 109A JFK DRIVE
City-St-Zip: ATLANTIS, FL 33462

Title: PD (X) Change ( ) Addition
Name: DORFMAN, MARK MD
Address: 2740 HOLLYWOOD BOULEVARD
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRIS SEYMOUR ED 01/28/2004

Electronic Signature of Signing Officer or Director — Date