2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006
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 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: P ( ) Delete
Name: STEWART, MICHAEL MD
Address: 4500 SAN PABLO DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

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

Title: VP ( ) Delete
Name: TOPPINO, MAYSSA MD
Address: 4880 N. HIGHWAY 19-A
City-St-Zip: MOUNT DORA, FL 32757

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DOLIN, GARY MD
Address: 6060 26TH STREET W.
City-St-Zip: BRADENTON, FL 34207

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

Title: VP (X) Change ( ) Addition
Name: MICHAEL, LEVINE MD
Address: 1325 S. CONGRESS AVE., STE. 103
City-St-Zip: BOYNTON BEACH, FL 33426

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SEYMOUR, CHRISTOPHER ED 02/17/2006

Electronic Signature of Signing Officer or Director — Date