

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38056

FILED
Apr 23, 2009
Secretary of State

Entity Name: FLORIDA EYE INJURY REGISTRY, INC.

Current Principal Place of Business:

6816 SOUTPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6816 SOUTPOINT PKWY, STE 1000
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
6816 SOUTPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

SEYMOUR, CHRISTOPHER
6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216 US

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: CHRISTOPHER SEYMOUR

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: ED () Delete
Name: SEYMOUR, CHRISTOPHER R ED
Address: 6816 SOUTPOINT PKWY, STE 1000
City-St-Zip: JACKSONVILLE, FL 32216

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: ED (X) Change () Addition
Name: SEYMOUR, CHRISTOPHER R ED
Address: 6816 SOUTHPOINT PKWY, STE 1000
City-St-Zip: JACKSONVILLE, FL 32216

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: CHRISTOPHER SEYMOUR

ED

04/23/2009

Electronic Signature of Signing Officer or Director

Date