

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90020 034 ****61.25

DOCUMENT # N93000002819

1. Entity Name

ST. LUKE'S EYECARE NETWORK, INC.



Principal Place of Business

43309 U.S. HWY. 19 NORTH
TARPON SPRINGS FL 34689
US

Mailing Address

PO BPX 2243
TARPON SPRINGS FL 34688-2243
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3191783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARQUARDT, EMIL C JR.
400 CLEVELAND ST.
SUITE 800
CLEARWATER FL 34615

7. Name and Address of New Registered Agent

Name **LEW FRIEDLEND**
Street Address (P.O. Box Number is Not Acceptable)
43309 U.S. Hwy 19 N.
TARPON SPRINGS
City **FL** Zip Code **34689**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GILLS, PIT M.D.
STREET ADDRESS 43309 US HIGHWAY 19 NORTH
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE VD
NAME HOUSER, J. BRADLEY
STREET ADDRESS 43309 US HIGHWAY 19 NORTH
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE D
NAME CAFARO, MADELINE C
STREET ADDRESS 43309 US HWY 19 N
CITY-ST-ZIP TARPON SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08