

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002819

FILED
Jan 20, 2009
Secretary of State

Entity Name: ST. LUKE'S EYECARE NETWORK, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

43309 U S HIGHWAY 19 N
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

PO BPX 2243
TARPON SPRINGS, FL 346882243 US

New Mailing Address:

P O BOX 2243
TARPON SPRINGS, FL 346882243 US

FEI Number: 59-3191783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDLAND, LEW
43309 U.S. HWY 19 N
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

FRIEDLAND, LEW
43309 U S HIGHWAY 19 N
TARPON SPRINGS, FL 34689 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:

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GILLS, PIT M.D.
Address: 43309 US HIGHWAY 19 NORTH
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD () Delete
Name: HOUSER, J. BRADLEY
Address: 43309 US HIGHWAY 19 NORTH
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: CAFARO, MADELINE C
Address: 43309 US HWY 19 N
City-St-Zip: TARPON SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GILLS, JAMES P. III
Address: 43309 U S HIGHWAY 19 N
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VD (X) Change () Addition
Name: HOUSER, J. BRADLEY
Address: 43309 U S HIGHWAY 19 N
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: DS (X) Change () Addition
Name: CAFARO, MADELINE C.
Address: 43309 U S HIGHWAY 19 N
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: JAMES P. GILLS III

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date