## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028730

Entity Name: NEWSOM EYE & LASER CENTER, INC.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3205 PHYSICIANS WAY 3205 PHYSICIANS WAY SEBRING, FL 33870 SEBRING, FL 33870 US

Current Mailing Address: New Mailing Address:

4710 N. HABANA AVE STE 100 TAMPA, FL 33614

4710 N. HABANA AVE STE 100 TAMPA, FL 33614 US

FEI Number: 65-1098324 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEGANCE, KIM A CFO
4710 N. HABANA AVE
STE 100
TAMPA, FL 33614 US

NEWSOM, THOMAS H MD
3205 PHYSICIANS WAY
SEBRING, FL 33870 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: T. HUNTER NEWSOM 01/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MBR ( ) Delete Title: MGR (X) Change ( ) Addition NEWSOM, THOMAS H MBR NEWSOM, THOMAS H MD Name: Name: 3205 PHYSICIANS WAY Address: 3205 PHYSICIANS WAY Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: SEBRING, FL 33870 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. HUNTER NEWSOM MGR 01/15/2009