## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000107329

Entity Name: FAZIO EYE INSTITUTE, P.A.

FILED Sep 02, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
5208 EAST FOWLER AVENUE SUITE B					
TEMPLE TERRACE, FL 33617					
Current Mailing Address:			New Mailing Address:		
5208 EAST FOWLER AVENUE SUITE B					
TEMPLE TERRACE, FL 33617					
FEI Number:	59-3755870	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:					
SPIEGEL & 1840 SW 22 4TH FLOOF MIAMI, FL 3	₹	Α.			
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.					
SIGNATUR	E:				
	Electror	ic Signature of Registered Age	ent	Date	
Election Cam	paign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	FAZIO, DIANE	Delete E DWED AVENUE SUITE B	Title: ( Name:	) Change ( ) Addition	

 Name:
 FAZIO, DIANE E
 Name:

 Address:
 5208 EAST FLOWER AVENUE, SUITE B
 Address:

 City-St-Zip:
 TEMPLE TERRACE, FL 33617
 City-St-Zip:

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: DIANE E. FAZIO PSTD 09/02/2008