

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077975

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: HILLMOOR EYE SURGERY CENTER, INC.

## Current Principal Place of Business:

1715 SE TIFFANY AVE  
PORT ST. LUCIE, FL 34952

## New Principal Place of Business:

## Current Mailing Address:

1715 SE TIFFANY AVE  
1  
PORT ST. LUCIE, FL 34952

## New Mailing Address:

1715 SE TIFFANY AVE  
UNIT 2  
PORT ST. LUCIE, FL 34952

FEI Number: 90-0049391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANGLEY, KENNETH DR  
1715 SE TIFFANY AVENUE  
SUITE 1  
PORT ST. LUCIE, FL 34952 US

## Name and Address of New Registered Agent:

LANGLEY, KENNETH DR  
1715 SE TIFFANY AVENUE  
UNIT 2  
PORT ST. LUCIE, FL 34952 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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DELROWE, DANIEL  
Address: 1715 S E TIFFANY AVE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete  
Name: MATAMOROS, SILVIANO  
Address: 1821 S E PORT ST LUCIE BLVD  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D ( ) Delete  
Name: LANGLEY, KENNETH  
Address: 1700 S E HILLMOOR DR STE 100  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete  
Name: MALLONEE, JOHN  
Address: 1700 S E HILLMOOR DR STE 100  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete  
Name: CHANNON, CHRIS  
Address: 1700 S E HILLMOOR DR STE 100  
City-St-Zip: PORT ST LUCIE, FL 34952

## 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DANIEL J. DELROWE

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date