2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079790

Entity Name: OPHTHALMOLOGY ASSOCIATES OF SOUTH FLORIDA, P.A.

FILED Feb 16, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3100 CORAL HILLS DR. SUITE #206 CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

3100 CORAL HILLS DR.
SUITE #206
CORAL SPRINGS, FL 33065
3100 CORAL HILLS DR.
SUITE #206
CORAL SPRINGS, FL 33065
CORAL SPRINGS, FL 33065

FEI Number: 14-1840517 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:

GLICK, LISA P ESQ 2522 EAGLE RUN COURT WESTON, FL 33327 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. () Delete Title: PRES (X) Change () Addition

Name: GLICK, HENRY E D.O. Name: GLICK, HENRY E D.O.

Address: 3100 CORAL HILLS DR., SUITE 206 Address: 3100 CORAL HILLS DR., SUITE 206 City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065

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: HENRY E. GLICK, D.O. PRES 02/16/2009