

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000128738

1. Entity Name  
CALOOSA EYE CENTER, P.A.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUL -9 AM 10:45

Principal Place of Business  
1560 MATTHEWS DR  
STE G  
FT MYERS, FL 33907

Mailing Address  
1560 MATTHEWS DR  
STE G  
FT MYERS, FL 33907

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062009 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number

16-1642922

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MINCK, LINDA R  
5801 PELICAN BAY BLVD STE 300  
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name PARNA SHENOY

Street Address (P.O. Box Number is Not Acceptable)

1560 MATTHEW DR, STE G

City FORT MYERS

FL

Zip Code

33907

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

*P.G. Sheno*

PARNA SHENOY PRESIDENT

7/6/09

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SHENOY, PARNA G ☐ Delete  
STREET ADDRESS 1560 MATTHEW DR, ST G  
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100158315131  
07/09/09 01054 005 \$300.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*P.G. Sheno*

PARNA SHENOY PRESIDENT

7/6/09 239-218-4733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #