

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019160

FILED
Jan 12, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA PREMIER EYE ASSOCIATES, P.A.

Current Principal Place of Business:

901 NORTH GROVE STREET
EUSTIS, FL 32726

New Principal Place of Business:

3310 WATERMAN WAY
TAVARES, FL 32778

Current Mailing Address:

901 NORTH GROVE STREET
EUSTIS, FL 32726

New Mailing Address:

3310 WATERMAN WAY
TAVARES, FL 32778

FEI Number: 20-2294916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEHRLY, SCOTT R M.D.
901 NORTH GROVE STREET
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

WEHRLY, SCOTT R M.D.
3310 WATERMAN WAY
TAVARES, FL 32778 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:

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VOCCI, MARK J M.D.
Address: 901 NORTH GROVE STREET
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: WEHRLY, SCOTT R M.D.
Address: 901 NORTH GROVE STREET
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: TERPSTRA, SHELBY L D.O.
Address: 901 NORTH GROVE STREET
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VOCCI, MARK J M.D.
Address: 3310 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change () Addition
Name: WEHRLY, SCOTT R M.D.
Address: 3310 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change () Addition
Name: TERPSTRA, SHELBY L D.O.
Address: 3310 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778

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: MARK VOCCI

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date