2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# P05000058677

Entity Name: EYEHEALTH NETWORK, INC.

Current Principal Place of Business:

10770 N. 46TH ST
SUITE C-500
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

10770 N. 46TH ST
SUITE C-700
TAMPA, FL 33617

New Mailing Address:

FEI Number: 20-2712758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAIDA, CHRISTOPHER S
19130 MEADOW PINE DR
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAIDA, CHRISTOPHER S
Address: 19130 MEADOW PINE DR
City-St-Zip: TAMPA, FL 33647 US

Title: VPSD ( ) Delete
Name: MAIDA, SUSAN S
Address: 17620 NATHAN'S DR.
City-St-Zip: TAMPA, FL 33647 US

Title: TD ( ) Delete
Name: YONGE, LAURIE A
Address: 600 SE 48TH AVE
City-St-Zip: OCALA, FL 34471 US

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:

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: CHRISTOPHER S MAIDA PD 07/07/2008

Electronic Signature of Signing Officer or Director Date