


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P05000146277 1. Entity Name DE ZAYAS EYE ASSOCIATES P.A. |  |
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|---|---|
| Principal Place of Business 1282 SOUTH US 1 SUITE 2 ROCKLEDGE, FL 32955 US | Mailing Address 1282 SOUTH US 1 SUITE 2 ROCKLEDGE, FL 32955 US |
|---|---|



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-3716278 | Applied For Not Applicable |
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| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent DE ZAYAS, LUIS E 1312 PEPPER TREE PL ROCKLEDGE, FL 32955 | DO NOT WRITE IN THIS SPACE |
|---|---------------------------------------|

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000707519
04/24/07-80078-012 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D,P DE ZAYAS, LUIS E 1312 PEPPER TREE PL ROCKLEDGE, FL 32955 |
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**DO NOT WRITE
IN THIS SPACE**

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: Luis E de Zayas 2/20/07 321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #