

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90033 020 ***150.00

DOCUMENT # P06000005528
 1. Entity Name
 OCALA EYE ANESTHESIA SERVICES, P.A.



Principal Place of Business
 3330 S.W. 33RD ROAD
 OCALA, FL 34474 US

Mailing Address
 3330 S.W. 33RD ROAD
 OCALA, FL 34474 US

40071707



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 3130 SW 32nd Ave
 Suite, Apt. #, etc.

04032008 Chg-P CR2E034 (12/06)

City & State
 Ocala FL

Zip
 34474

Country
 USA

4. FEI Number
 20-4123713

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 WARREN, RICHARD C
 3330 S.W. 33RD ROAD
 OCALA, FL 34474

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWENK, GORDON C MD		NAME	
STREET ADDRESS 3330 S.W. 33RD ROAD		STREET ADDRESS	
CITY-ST-ZIP OCALA, FL 34474		CITY-ST-ZIP	
TITLE VP/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JANK, MARK A MD		NAME	
STREET ADDRESS 3330 S.W. 33RD ROAD		STREET ADDRESS	
CITY-ST-ZIP OCALA, FL 34474		CITY-ST-ZIP	
TITLE VP/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEATON, JOHN S DO		NAME	
STREET ADDRESS 3330 S.W. 33RD ROAD		STREET ADDRESS	
CITY-ST-ZIP OCALA, FL 34474		CITY-ST-ZIP	
TITLE MD/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WARREN, RICHARD MD		NAME	
STREET ADDRESS 3330 S.W. 33RD ROAD		STREET ADDRESS	
CITY-ST-ZIP OCALA, FL 34474		CITY-ST-ZIP	
TITLE ST/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRIS, MICHAEL MD		NAME	
STREET ADDRESS 3330 S.W. 33RD ROAD		STREET ADDRESS	
CITY-ST-ZIP OCALA, FL 34474		CITY-ST-ZIP	
TITLE VP/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POLACK, PETER J MD		NAME	
STREET ADDRESS 3330 S.W. 33RD ROAD		STREET ADDRESS	
CITY-ST-ZIP OCALA, FL 34474		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: _____ DATE: 4/13/08 DAYTIME PHONE #: 352.622.5183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR