

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000037218

FILED
Apr 29, 2011
Secretary of State

Entity Name: SIGHTTRUST EYE INSTITUTE, P.A.

Current Principal Place of Business:

1601 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

New Principal Place of Business:

1601 SAWGRASS CORPORATE PARKWAY
SUITE 430
SUNRISE, FL 33323

Current Mailing Address:

1601 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

New Mailing Address:

1601 SAWGRASS CORPORATE PARKWAY
SUITE 430
SUNRISE, FL 33323

FEI Number: 27-2485448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LESSNER, CORY M
1601 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

LESSNER, CORY M
1601 SAWGRASS CORPORATE PARKWAY
SUITE 430
SUNRISE, FL 33323 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: CORY M. LESSNER, M.D.

04/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: LESSNER, CORY M
Address: 401 FAN PALM WAY
City-St-Zip: PLANTATION, FL 33324

I hereby 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 all other like empowered.

SIGNATURE: MELANIE GARCIA

MS.

04/29/2011

Electronic Signature of Signing Officer or Director

Date