

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000048258

FILED
Jan 06, 2009
Secretary of State

Entity Name: MANATEE SARASOTA EYE CLINIC, P.A.

Current Principal Place of Business:

217 MANATEE AVENUE, EAST
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

217 MANATEE AVENUE, EAST
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 65-0425039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDBERG, MURRAY
217 MANATEE AVENUE, EAST
BRADENTON, FL 34208 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: MOSCOSO, WALTER
Address: 217 MANATEE AVE. E.
City-St-Zip: BRADENTON, FL 34208

Title: MD () Delete
Name: EDELMAN, ROBERT
Address: 217 MANATEE AVE E
City-St-Zip: BRADENTON, FL 34208

Title: MD () Delete
Name: SILVERMAN, SCOTT E
Address: 217 MANATEE AVENUE, EAST
City-St-Zip: BRADENTON, FL 34208

Title: MD () Delete
Name: FRIEDBERG, MURRAY
Address: 217 MANATEE AVE E
City-St-Zip: BRADENTON, FL 34208

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MD () Change (X) Addition
Name: SAMBURSKY, ROBERT E
Address: 217 MANATEE AVE E
City-St-Zip: BRADENTON, FL 34208

Title: MD () Change (X) Addition
Name: POOJA, KHATOR
Address: 217 MANATEE AVE E
City-St-Zip: BRADENTON, FL 34208

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: MURRAY L FRIEDBERG

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date