

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000078415

FILED  
Feb 19, 2012  
Secretary of State

**Entity Name:** NORTH FLORIDA EYE INSTITUTE, P.A.

**Current Principal Place of Business:**

3009 4TH ST  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

**Current Mailing Address:**

4591 BERKLIE DR  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

FEI Number: 65-0449421      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSEN, SEYMOUR R MD  
3009 4TH ST  
MARIANNA, FL 32446 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROSEN, SEYMOUR R MD  
Address: 3009 4TH ST  
City-St-Zip: MARIANNA, FL

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: SEYMOUR R. ROSEN, M.D.

D

02/19/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date