

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000088400

FILED
Apr 17, 2009
Secretary of State

Entity Name: EYE SURGERY ASSOCIATES, INC.

Current Principal Place of Business:

2740 HOLLYWOOD DRIVE
HOLLYWOOD, FL 330204899 US

New Principal Place of Business:

Current Mailing Address:

2740 HOLLYWOOD BLVD.
HOLLYWOOD, FL 330204899 US

New Mailing Address:

2740 HOLLYWOOD DRIVE
HOLLYWOOD, FL 330204899 US

FEI Number: 65-0457710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'DONNELL, NANETTE
200 S. BISCAYNE BLVD.
34TH FLOOR
MIAMI, FL 33131 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: PD () Delete
Name: DUFFNER, LEE
Address: 2740 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 330204899

Title: VP () Delete
Name: FISHMAN, ARTHUR
Address: 2740 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL

Title: S () Delete
Name: DORFMAN, MARK S
Address: 2740 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: ANGELLA, GUY
Address: 2740 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL

Title: T (X) Delete
Name: SANDBERG, JOEL
Address: 2740 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DORFMAN, MARK S MD
Address: 2740 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 330204899

Title: VP (X) Change () Addition
Name: FISHMAN, ARTHUR M MD
Address: 2740 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL

Title: T (X) Change () Addition
Name: SANDBERG, JOEL S MD
Address: 2740 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33020

Title: S (X) Change () Addition
Name: ANGELLA, GUY MD
Address: 2740 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL

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

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: MARK S. DORFMAN

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date