

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000088400

FILED
Apr 25, 2011
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 DRIVE
HOLLYWOOD, FL 330204899 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: P
Name: DORFMAN, MARK S MD
Address: 2740 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 330204899

Title: VP
Name: FISHMAN, ARTHUR M MD
Address: 2740 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL

Title: T
Name: SANDBERG, JOEL S MD
Address: 2740 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33020

Title: S
Name: ANGELLA, GUY MD
Address: 2740 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL

Title: SH
Name: CARDONE, SCOTT MD
Address: 800 WEST AVE, # 629
City-St-Zip: MIAMI BEACH, FL 33139

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: MARK S. DORFMAN

P

04/25/2011

Electronic Signature of Signing Officer or Director

Date