

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000021512

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: KEY LARGO MEDICAL & SURGICAL EYE CENTER, INC.

## Current Principal Place of Business:

2072 NE 8TH STREET (CAMPBELL DRIVE)  
P.O. BOX 900970  
HOMESTEAD, FL 33090 US

## New Principal Place of Business:

1815 NE 8TH STREET (CAMPBELL DRIVE)  
#103  
HOMESTEAD, FL 33033 US

## Current Mailing Address:

P.O. BOX 900970  
HOMESTEAD, FL 330900970 US

## New Mailing Address:

FEI Number: 65-0468981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROE, LARRY D MD  
2072 NE 8TH STREET (CAMPBELL DRIVE)  
P.O. BOX 900970  
HOMESTEAD, FL 330900970 US

## Name and Address of New Registered Agent:

ROE, LARRY D MD  
1815 NE 8TH STREET (CAMPBELL DRIVE)  
#103  
HOMESTEAD, FL 330900970 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: LARRY ROE

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: ROE, LARRY D MD  
Address: 2072 NE 8TH STREET (CAMPBELL DRIVE)  
City-St-Zip: HOMESTEAD, FL 900700970 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ROE, LARRY D MD  
Address: 1815 NE 8TH STREET (CAMPBELL DRIVE) #103  
City-St-Zip: HOMESTEAD, FL 900700970 US

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: LARRY ROE

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date