

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000062179

Entity Name: APPLE OPHTHALMIC, P.A.

FILED  
May 26, 2005  
Secretary of State

## Current Principal Place of Business:

11373 CORTEZ BLVD.  
SUITE 408  
BROOKSVILLE, FL 34613 US

## New Principal Place of Business:

11115 COUNTY LINE ROAD  
SPRING HILL, FL 34609 US

## Current Mailing Address:

11373 CORTEZ BLVD.  
SUITE 408  
BROOKSVILLE, FL 34613 US

## New Mailing Address:

11115 COUNTY LINE ROAD  
SPRING HILL, FL 34609 US

FEI Number: 59-3266252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STOLTE, KEITH MD  
11373 CORTEZ BLVD #408  
BROOKSVILLE, FL 34613 US

## Name and Address of New Registered Agent:

STOLTE, KEITH MD  
11115 COUNTY LINE ROAD  
SPRING HILL, FL 34609 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: KEITH B. STOLTE M.D.

05/26/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STOLTE, KEITH MD  
Address: 11373 CORTEZ BLVD. STE 408  
City-St-Zip: BROOKSVILLE, FL 34613 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: STOLTE, KEITH MD  
Address: 11115 COUNTY LINE ROAD  
City-St-Zip: SPRING HILL, FL 34609 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEITH B. STOLTE, MD

D

05/26/2005

Electronic Signature of Signing Officer or Director

Date