

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000062179

Entity Name: APPLE OPHTHALMIC, P.A.

FILED
Jun 06, 2006
Secretary of State

Current Principal Place of Business:

11115 COUNTY LINE ROAD
SPRING HILL, FL 34609 US

New Principal Place of Business:

Current Mailing Address:

11115 COUNTY LINE ROAD
SPRING HILL, FL 34609 US

New Mailing Address:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KEITH STOLTE, M.D.

D

06/06/2006

Electronic Signature of Signing Officer or Director

Date