

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074112

FILED
Mar 10, 2009
Secretary of State

Entity Name: CENTER FOR EXCELLENCE IN EYE CARE, P.A.

Current Principal Place of Business:

8940 N. KENDALL DRIVE
STE. 400
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

8940 N. KENDALL DRIVE
STE. 400
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 65-0533762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETER G GRUBER PA
9100 S DADELAND BLVD
SUITE 910
MIAMI, FL 33156 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: P () Delete
Name: BUZNEGO, CARLOS MD
Address: 8940 NO KENDALL DR #400-E
City-St-Zip: MIAMI, FL 33176

Title: VP () Delete
Name: GABAY, JACK MD
Address: 8940 NO KENDALL DR #400-E
City-St-Zip: MIAMI, FL 33176

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GABAY, JACK MD
Address: 8940 N. KENDALL DR #400-E
City-St-Zip: MIAMI, FL 33176

Title: VP (X) Change () Addition
Name: BUZNEGO, CARLOS MD
Address: 8940 N. KENDALL DR #400-E
City-St-Zip: MIAMI, FL 33176

Title: S () Change (X) Addition
Name: SPEKTOR, FRANK MD
Address: 8940 N. KENDALL DRIVE #400-E
City-St-Zip: MIAMI, FL 33176

Title: T () Change (X) Addition
Name: KASNER, LOUIS MD
Address: 8940 N. KENDALL DRIVE #400-E
City-St-Zip: MIAMI, FL 33176

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: JACK GABAY, M.D.

P

03/10/2009

Electronic Signature of Signing Officer or Director

Date