

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000047555

FILED
Feb 10, 2004
Secretary of State

Entity Name: OCALA EYE SURGERY CENTER, INC.

Current Principal Place of Business:

1500 S.E. MAGNOLIA EXTENSION
SUITE 106
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1500 S.E. MAGNOLIA EXTENSION
SUITE 106
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3323478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, WILLIAM A
1531 SE 36TH AVE
OCALA, FL 34471 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: SCHWENK, GORDON C M.D.
Address: 1500 SE MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471

Title: VP () Delete
Name: DEATON, JOHN S D.O.
Address: 1500 SE MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471

Title: VP () Delete
Name: WARREN, RICHARD C M.D.
Address: 1500 SE MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471

Title: VP () Delete
Name: JANK, MARK A M.D.
Address: 1500 SE MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471

Title: T () Delete
Name: MORRIS, MICHAEL MD
Address: 1500 SE MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: SAMY, CHANDER MD
Address: 1500 SE MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: T (X) Change () Addition
Name: MORRIS, H. MICHAEL MD
Address: 1500 SE MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471

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 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: GORDON C. SCHWENK, MD

P

02/10/2004

Electronic Signature of Signing Officer or Director

Date

PETER J. POLACK, MD/VP
1500 SE MAGNOLIA EXTENSION
SUITE 106
OCALA, FL 34471