

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90056 013 \*\*\*150.00

<b>DOCUMENT # P95000047555</b>					
<b>1. Entity Name</b> OCALA EYE SURGERY CENTER, INC.					
<b>Principal Place of Business</b> 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471			<b>Mailing Address</b> 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		
<b>2. Principal Place of Business - No P.O. Box #</b> 3330 SW 33rd Road		<b>3. Mailing Address</b> 3130 SW 32nd AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Ocala, FL		<b>City &amp; State</b> Ocala, FL		<b>4. FEI Number</b> 59-3323478	
Zip 34474		Country USA		Applied For Not Applicable	
Zip 34474		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MORRIS, MICHAEL 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P/D</b> <input type="checkbox"/> Delete SCHWENK, GORDON C M.D. 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP/D</b> <input type="checkbox"/> Delete DEATON, JOHN S D.O. 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP/D</b> <input type="checkbox"/> Delete WARREN, RICHARD C M.D. 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP/D</b> <input type="checkbox"/> Delete JANK, MARK A M.D. 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T/D</b> <input type="checkbox"/> Delete MORRIS, MICHAEL MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S/D</b> <input type="checkbox"/> Delete POLACK, PETER J MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>			4/2/08 352/622-5183		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		