

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000047555

FILED
Mar 14, 2009
Secretary of State

Entity Name: OCALA EYE SURGERY CENTER, INC.

Current Principal Place of Business:

3330 SW 33RD ROAD
OCALA, FL 34474

New Principal Place of Business:

3330 SW 33RD ROAD
OCALA, FL 34474 US

Current Mailing Address:

3330 SW 33RD ROAD
SUITE 106
OCALA, FL 34474

New Mailing Address:

3330 SW 33RD ROAD
OCALA, FL 34474 US

FEI Number: 59-3323478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, MICHAEL
1500 SE MAGNOLIA EXTENSION
SUITE 106
OCALA, FL 34471 US

Name and Address of New Registered Agent:

MORRIS, MICHAEL
3130 S.W. 32ND AVENUE
OCALA, FL 34474 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: MICHAEL MORRIS

03/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SCHWENK, GORDON C M.D.
Address: 1500 SE MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471

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

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

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

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

Title: S/D () Delete
Name: POLACK, PETER J MD
Address: 1500 SE MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHWENK, GORDON C M.D.
Address: 3130 S.W. 32ND AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: VD (X) Change () Addition
Name: JANK, MARK A M.D.
Address: 3130 S.W. 32ND AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: VD (X) Change () Addition
Name: DEATON, JOHN S D.O.
Address: 3130 S.W. 32ND AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: VD (X) Change () Addition
Name: WARREN, RICHARD C M.D.
Address: 3130 S.W. 32ND AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: TD (X) Change () Addition
Name: MORRIS, MICHAEL MD
Address: 3130 S.W. 32ND AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: SD (X) Change () Addition
Name: POLACK, PETER J MD
Address: 3130 S.W. 32ND AVENUE
City-St-Zip: OCALA, FL 34474 US

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: GORDON C. SCHWENK

P

03/14/2009

Electronic Signature of Signing Officer or Director

Date