

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000047555

FILED
Mar 16, 2011
Secretary of State

Entity Name: OCALA EYE SURGERY CENTER, INC.

Current Principal Place of Business:

3330 SW 33RD ROAD
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

3130 SW 32ND AVENUE
OCALA, FL 34474 US

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:

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DR. MICHAEL MORRIS

TD

03/16/2011

Electronic Signature of Signing Officer or Director

Date