


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90007 017 \*\*\*158.75

DOCUMENT # P95000071501	
1. Entity Name GAINESVILLE EYE PHYSICIANS, P.A.	

Principal Place of Business 708 E. UNIVERSITY AVE. GAINESVILLE, FL 32601	Mailing Address 708 E. UNIVERSITY AVE. GAINESVILLE, FL 32601
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40051610



2. Principal Place of Business - No P.O. Box # 6717 NW 11th Place Suite, Apt. #, etc. Suite A City & State Gainesville, FL Zip 32605 Country USA	3. Mailing Address 6717 NW 11th Place Suite, Apt. #, etc. Suite A City & State Gainesville, FL Zip 32605 Country U.S.A.
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03122008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3340567	Applied For Not Applicable
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5. Certificate of Status Desired. <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent DOWNEY, KEVIN I 2631 NW 41ST ST., STE. A-2 GAINESVILLE, FL 32606	7. Name and Address of New Registered Agent Name Annette Egan Street Address (P.O. Box Number is Not Acceptable) 6717 NW 11th Place Suite A City Gainesville FL Zip Code 32605
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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.	
SIGNATURE <i>Annette Egan</i> Signature, typed or printed name of registered agent, and title if applicable.	DATE <i>3-12-08</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, WALTER H 708 E. UNIVERSITY AVE. GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNODGRASS, GREGORY D 708 E. UNIVERSITY AVE. GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATLIN, JEFFREY R 6717 NW 11TH PL. GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALCH, KYLE CHRISTIAN MD 6717 N.W. 11 PL GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
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SIGNATURE: <i>Kyle Balch</i> 3/12/08
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