2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P95000071501

Entity Name: GAINESVILLE EYE PHYSICIANS, P.A.

Current Principal Place of Business:

6717 NW 11TH PLACE
SUITE A
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6717 NW 11TH PLACE
SUITE A
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-3340567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EGAN, ANNETTE
6717 NW 11TH PLACE
SUITE A
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

SNODGRASS, GREGORY D MD
708 E UNIVERSITY AVE
GAINESVILLE, FL 32601 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: GREGORY D SNODGRASS 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MARSHALL, WALTER H
Address: 708 E. UNIVERSITY AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: SNODGRASS, GREGORY D
Address: 708 E. UNIVERSITY AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: CATLIN, JEFFREY R
Address: 6717 NW 11TH PL.
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: BALCH, KYLE CHRISTIAN MD
Address: 6717 N.W. 11 PL
City-St-Zip: GAINESVILLE, FL 32605

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:

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: GREGORY D SNODGRASS MD D 04/29/2009
Electronic Signature of Signing Officer or Director Date