# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 02, 2012**
**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:**

SNODGRASS, GREGORY D MD
708 E UNIVERSITY AVE
GAINESVILLE, FL 32601 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: D
Name: MARSHALL, WALTER H M.D.
Address: 708 E. UNIVERSITY AVE.
City-St-Zip: GAINESVILLE, FL 32601

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

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

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

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: GREGORY D. SNODGRASS D 03/02/2012

Electronic Signature of Signing Officer or Director Date