

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000087975

FILED  
Jul 17, 2008  
Secretary of State

Entity Name: COMPREHENSIVE EYE CARE OF SOUTH FLORIDA INC

## Current Principal Place of Business:

7480 FAIRWAY DRIVE  
SUITE 105  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

## Current Mailing Address:

7480 FAIRWAY DRIVE  
SUITE 105  
MIAMI LAKES, FL 33014

## New Mailing Address:

FEI Number: 65-0624631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GORDON, MICHAEL  
7480 FAIRWAY DRIVE  
SUITE 105  
MIAMI LAKES, FL 33014 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: GORDON, MICHAEL DR.  
Address: 7480 FAIRWAY DRIVE, SUITE 105  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VSD ( ) Delete  
Name: BERMAN, GARY DR.  
Address: 7480 FAIRWAY DRIVE, SUITE 105  
City-St-Zip: MIAMI LAKES, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL ALLEN GORDON

PTD

07/17/2008

Electronic Signature of Signing Officer or Director

Date