

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000092346

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: EMERALD COAST EYE INSTITUTE, P.A.

## Current Principal Place of Business:

911-A MAR WALT DRIVE  
FT. WALTON BEACH, FL 32547

## New Principal Place of Business:

1034 MAR WALT DRIVE  
SUITE 200  
FT. WALTON BEACH, FL 32547

## Current Mailing Address:

911-A MAR WALT DRIVE  
FT. WALTON BEACH, FL 32547

## New Mailing Address:

1034 MAR WALT DRIVE  
SUITE 200  
FT. WALTON BEACH, FL 32547

FEI Number: 59-3348023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POPPELL, SAMUEL E  
911-A MAR-WALT DR  
FT. WALTON BEACH, FL 32547 US

## Name and Address of New Registered Agent:

POPPELL, SAMUEL E  
1034 MAR-WALT DR  
SUITE 200  
FT. WALTON BEACH, FL 32547 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:

04/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: POPPELL, SAMUEL E M.D.  
Address: 911-A MAR WALT DRIVE  
City-St-Zip: FT. WALTON BEACH, FL 32547

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: POPPELL, SAMUEL E M.D.  
Address: 1034 MAR WALT DRIVE, SUITE 200  
City-St-Zip: FT. WALTON BEACH, FL 32547

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: SAMUEL E. POPPELL, MD

D

04/15/2008

Electronic Signature of Signing Officer or Director

Date