2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000010070

Entity Name: PELT EYE CLINIC, P.A.

FILED Jan 20, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4340 LAFAYETTE STREET MARIANNA, FL 32446 **Current Mailing Address: New Mailing Address:** P O BOX 6054 MARIANNA, FL 32447 US FEI Number: 59-3357063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FUQUA, MATTHEW H FUQUA, MATTHEW H 4340 LAFAYETTE STREET 4450 LAFAYETTE STREET MARIANNA, FL 32446 MARIANNA, FL 32446 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: MATTHEW H. FUQUA 01/20/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition PELT, ALAN EUGENE Name: Name: 4565 RED OAK TRACE Address: Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: Title: ٧S () Delete Title: () Change () Addition Name: PELT. DAVID GLENN Name: 4506 RED OAK TRACE Address: Address: MARIANNA, FL 32446 City-St-Zip: 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: ALAN E. PELT **PRES** 01/20/2008