2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# P96000052676

Entity Name: NAPLES EYE ASSOCIATES, P.A.

Current Principal Place of Business:

9776 BONITA BEACH RD. S.E.
SUITE 202B
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 110759
NAPLES, FL 34108

New Mailing Address:

FEI Number: 65-0683027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOBER, CARLTON A ESQ
VERNIS & BOWLING OF BROWARD, P.A.
1901 SOUTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

BOBER, CARLTON A ESQ
VERNIS & BOWLING OF BROWARD, P.A.
5821 HOLLYWOOD BLVD, FIRST FLOOR
HOLLYWOOD, FL 33021 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: 02/23/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SILVERMAN, RICHARD A M.D.
Address: 2154 ARBOUR WALK CIRCLE , #2526
City-St-Zip: NAPLES, FL 34109

Title: D (X) Delete
Name: RODNITE, JUDITH A M.D.
Address: 2154 ARBOUR WALK CICLE #2526
City-St-Zip: NAPLES, FL 34109

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: RICHARD A. SILVERMAN, M.D. D 02/23/2009
Electronic Signature of Signing Officer or Director — Date