

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000070647

FILED  
Jan 30, 2012  
Secretary of State

**Entity Name:** THE EYE PHYSICIANS OF PINELLAS, P.A.

**Current Principal Place of Business:**

148 13TH ST. S.W.  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

148 13TH ST. S.W.  
LARGO, FL 33770

**New Mailing Address:**

**FEI Number:** 59-3400241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEINSTOCK, STEPHEN M M.D.  
148 13TH ST. SW  
LARGO, FL 33770 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: WEINSTOCK, STEPHEN M  
Address: 148 13TH ST. S.W.  
City-St-Zip: LARGO, FL 33770

Title: D  
Name: HAIRSTON, RICHARD J M.D.  
Address: 148 13TH ST. S.W.  
City-St-Zip: LARGO, FL 33770

Title: D  
Name: SCHWARTZ, JEFFERY S M.D.  
Address: 148 13TH ST. S.W.  
City-St-Zip: LARGO, FL 33770

Title: D  
Name: KIRSCH, LEONARD S M.D.  
Address: 148 13TH ST. S.W.  
City-St-Zip: LARGO, FL 33770

Title: D  
Name: WEINSTOCK, ROBERT J M.D.  
Address: 148 13TH ST. S.W.  
City-St-Zip: LARGO, FL 33770

Title: D  
Name: GREENIDGE, KEVIN C MD  
Address: 148 13TH ST SW  
City-St-Zip: LARGO, FL 33770

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: STEPHEN M WEINSTOCK

D

01/30/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date