

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000071693

FILED  
Jul 03, 2006  
Secretary of State

**Entity Name:** TAMPA EYE CLINIC AND ASSOCIATES, P.A.

**Current Principal Place of Business:**

3000 W MARTIN LUTHER KING JR BLVD  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

3000 W MARTIN LUTHER KING JR BLVD  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 59-3395383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHARDSON, JOHN B. JR.  
3000 W. DR. M. L. KING  
TAMPA, FL 33607 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CREIGHTON, J B JR  
Address: 3000 W MARTIN LUTHER KING JR BLVD  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: REYNOLDS, WILLIAM D  
Address: 3000 W MARTIN LUTHER KING JR BLVD  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: SCHEINER, ADAM  
Address: 3000 W MARTIN LUTHER KING JR BLVD  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: SEELEY, RONALD L  
Address: 3000 W MARTIN LUTHER KING JR BLVD  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: LEACH, DAVID H  
Address: 3000 W. ML KING BLVD.  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: LORENZEN, TIMOTHY R  
Address: 3000 W. ML KING BLVD.  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: JAMES B CREIGHTON, JR

DR

07/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date