

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000101051

FILED
Apr 29, 2009
Secretary of State

Entity Name: OPTHALMIC PARTNERS OF FLORIDA, P.A.

Current Principal Place of Business:

44 LAKE BEAUTY DRIVE STE 300
ORLANDO, FL 328063023

New Principal Place of Business:

Current Mailing Address:

44 LAKE BEAUTY DRIVE STE 300
ORLANDO, FL 328063023

New Mailing Address:

FEI Number: 59-3419924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, JOHN C
44 LAKE BEAUTY DRIVE STE 300
ORLANDO, FL 328063023 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: P () Delete
Name: OLSON, JOHN C MD
Address: 44 LAKE BEAUTY DR, SUITE 300
City-St-Zip: ORLANDO, FL 32806

Title: V () Delete
Name: RICHMOND, PRESTON MD
Address: 44 LAKE BEAUTY DR, SUITE 300
City-St-Zip: ORLANDO, FL 32806

Title: T (X) Delete
Name: SHAIKH, SAAD
Address: 44 LAKE BEAUTY DR, SUITE 300
City-St-Zip: ORLANDO, FL 32806

Title: S () Delete
Name: DEMMING, SUZANNE
Address: 44 LAKE BEAUTY DRIVE 300
City-St-Zip: ORLANDO, FL 32806

Title: O () Delete
Name: BARNES, DURHAM
Address: 44 LAKE BEAUTY DR, SUITE 300
City-St-Zip: ORLANDO, FL 32806

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:

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: JOHN OLSON

O

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date