2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State
08-03-2005 90062 009 ***550.00

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DOCUMENT # P96000104206

1. Entity Name
ST. MICHAEL'S EYE & LASER INSTITUTE, P.A.

Principal Place of Business	Mailing Address
1018 WEST BAY DRIVE LARGO, FL 34640	1018 WEST BAY DRIVE LARGO, FL 34640

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07112005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3416771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAELOS, JOHN L
1018 WEST BAY DRIVE
LARGO, FL 34640

7. Name and Address of New Registered Agent

Name: Pamela A.M. CAMPBELL, Esquire
Street Address (P.O. Box Number is Not Acceptable): Plaza Tower, Ste., 1404, 111 2nd Ave., NE
City: St. Petersburg FL Zip Code: 33701

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 8/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHEALOS, JOHN L 1018 WEST BAY DRIVE LARGO, FL 34640	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/11/05 (727) 585-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1 ATTACHMENT #P96000104206
500596423

PAMELA A.M. CAMPBELL, P.A.

ATTORNEY AT LAW

Phone: (727) 894-7000
Fax: (727) 821-4042
E-mail: pcampbell@PamCampbellPA.com

Plaza Tower, Suite 1404
111 Second Avenue N.E.
St. Petersburg, Florida 33701

August 1, 2005

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: St. Michael's Eye & Laser Institute, P.A.

TO WHOM IT MAY CONCERN:

Enclosed please find an original, signed, 2005 For Profit Corporation Annual Report for St. Michael's Eye & Laser Institute, P.A., together with this firm's check #6048 in the amount of $550.00 made payable to the Florida Department of State, which represents the filing fee. Please note that block 7 reflects Pamela A.M. Campbell, Esquire, at the address shown on this letterhead, is the new Registered Agent for St. Michael's Surgery Center, Inc.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to call me.

Sincerely,

Kenneth W. Lark

KWL:jjh

Enclosures

Copy to: Laura Chamberlain, Administrator