
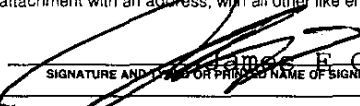


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90046 021 ***150.00

DOCUMENT # P97000069118 1. Entity Name CATARACT & LASER SURGERY CENTER, INC.					
Principal Place of Business 13051 UNIVERSITY DR. FT. MYERS, FL 33907			Mailing Address 13051 UNIVERSITY DR. FT. MYERS, FL 33907		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0776141	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINESETT, ROBERT A 2248 1ST ST. FT. MYERS, FL 33901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) * DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD GOROVOY, MARK S M.D. 4225 EVANS AVE. FT. MYERS, FL 33907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen E. Smith M.D. 4225 Evans Ave. Fort Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIS, RICHARD M M.D. 9201 CYPRESS LAKE DR. FT. MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SNEAD, JOHN W M.D. 1525 NEW BRITTANY BLVD FORT MYERS, FL 33907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELMQUIST, E T 12670 NEW BRITTANY BLVD FORT MYERS, FL 33907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CROLEY, JAMES E III 613 DEL PRADO BLVD S CAPE CORAL, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, GENE 3594 BROADWAY FORT MYERS, FL 33901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  James E. Croley III, M.D. DS 01-20-04 239-590-6111 <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					