


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0776141 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WINESETT, ROBERT A  
 2248 1ST ST.  
 FT. MYERS, FL 33901

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehashing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOROVOY, MARK S M.D. 4225 EVANS AVE. FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DAVIS, RICHARD M M.D. 9201 CYPRESS LAKE DR. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SNEAD, JOHN W M.D. 1525 NEW BRITTANY BLVD FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELMQUIST, E T 12670 NEW BRITTANY BLVD FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CROLEY, JAMES E III 613 DEL PRADO BLVD S CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COX, GENE 3594 BROADWAY FORT MYERS, FL 33901

U00000350856  
 05/02/05-80122-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dr. John W. Snead MD 4-28-05 239-936-8686  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #