

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000069118

FILED  
Oct 10, 2006  
Secretary of State

Entity Name: CATARACT & LASER SURGERY CENTER, INC.

## Current Principal Place of Business:

13051 UNIVERSITY DR.  
FT. MYERS, FL 33907

## New Principal Place of Business:

13051 UNIVERSITY DR.  
SUITE #102  
FT. MYERS, FL 33907

## Current Mailing Address:

13051 UNIVERSITY DR.  
FT. MYERS, FL 33907

## New Mailing Address:

13051 UNIVERSITY DR.  
SUITE #102  
FT. MYERS, FL 33907

FEI Number: 65-0776141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WINESETT, ROBERT A  
2248 1ST ST.  
FT. MYERS, FL 33901 US

## Name and Address of New Registered Agent:

CROPPER, EDWARD C CD  
6633 GARLAND ST  
FT. MYERS, FL 33966 US

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: EDWARD C. CROPPER

10/10/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GOROVY, MARK S M.D.  
Address: 4225 EVANS AVE.  
City-St-Zip: FT. MYERS, FL 33907

Title: DT ( ) Delete  
Name: DAVIS, RICHARD M M.D.  
Address: 9201 CYPRESS LAKE DR.  
City-St-Zip: FT. MYERS, FL 33919

Title: DV ( ) Delete  
Name: SNEAD, JOHN W M.D.  
Address: 1525 NEW BRITTANY BLVD  
City-St-Zip: FORT MYERS, FL 33907

Title: D ( ) Delete  
Name: ELMQUIST, E T  
Address: 12670 NEW BRITTANY BLVD  
City-St-Zip: FORT MYERS, FL 33907

Title: DS ( ) Delete  
Name: CROLEY, JAMES E III  
Address: 613 DEL PRADO BLVD S  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: COX, GENE  
Address: 3594 BROADWAY  
City-St-Zip: FORT MYERS, FL 33901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GOROVY, MARK S M.D.  
Address: 12381 S. CLEVELAND AVE. SUITE #300  
City-St-Zip: FT. MYERS, FL 33907

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: D (X) Change ( ) Addition  
Name: COX, GENE  
Address: 3984 BROADWAY  
City-St-Zip: FORT MYERS, FL 33907

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: MARK S. GOROVY

PD

10/10/2006

Electronic Signature of Signing Officer or Director

Date