

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069118

FILED
Jan 26, 2012
Secretary of State

Entity Name: CATARACT & LASER SURGERY CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0776141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLAMMANG, DONNA M
3301 BONITA BEACH ROAD
SUITE 100
BONITA SPRINGS, FL 34134 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

OFFICERS AND DIRECTORS:

Title: PD
Name: SMITH, STEPHEN E M.D.
Address: 4225 EVANS AVENUE
City-St-Zip: FT. MYERS, FL 33901

Title: DT
Name: COX, GENE M.D.
Address: 3594 BROADWAY, SUITE H
City-St-Zip: FT. MYERS, FL 33901

I hereby 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 all other like empowered.

SIGNATURE: DONNA M. FLAMMANG

RA

01/26/2012

Electronic Signature of Signing Officer or Director

Date