2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2010
Secretary of State

DOCUMENT# P97000094399

Entity Name: GLAUCOMA & CATARACT EYE INSTITUTE, INC.

Current Principal Place of Business:

9371-15 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

9371-15 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0791852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BHAVNANI, VINOD M.D.
9371-15 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST
Name: BHAVNANI, VINOD
Address: 9371-15 CYPRESS LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: BHAVNANI, VINOD
Address: 9371-15 CYPRESS LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33919

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: VINOD BHAVNANI, MD P 03/11/2010
Electronic Signature of Signing Officer or Director Date