

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000094399

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**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:**

6810 PORTO FINO CIRCLE  
FORT MYERS, FL 33912

**Current Mailing Address:**

9371-15 CYPRESS LAKE DRIVE  
FORT MYERS, FL 33919

**New Mailing Address:**

6810 PORTO FINO CIRCLE  
FORT MYERS, FL 33912

**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:**

BHAVNANI, VINOD M.D.  
6810 PORTO FINO CIRCLE  
FORT MYERS, FL 33912 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: VINOD BHAVNANI

01/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: BHAVNANI, VINOD  
Address: 6810 PORTO FINO CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

Title: D  
Name: BHAVNANI, VINOD  
Address: 6810 PORTO FINO CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

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

PRES

01/11/2012

Electronic Signature of Signing Officer or Director

Date