2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000037173

Entity Name: NASH CATARACT & LASER INSTITUTE, P.A.

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2595 HARBOR BLVD, #207 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33952

SUITE A

PORT CHARLOTTE, FL 33948

Current Mailing Address: New Mailing Address:

18401 MURDOCK CIRCLE 2595 HARBOR BLVD, #207

PORT CHARLOTTE, FL 33952 SUITE A

PORT CHARLOTTE, FL 33948

FEI Number: 65-0829643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NASH, RHONDA J CPA NASH, RHONDA J CPA 2595 HARBOR BLVD. 18401 MURDOCK CIRCLE

PORT CHARLOTTE, FL 33952 US SUITE A PORT CHARLOTTE, FL 33948 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: RJ NASH 01/26/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P&S () Delete NASH, ERIC A M.D. NASH, ERIC A M.D. Name: Name: 2595 HARBOR BLVD, #207 18401 MURDOCK CIRCLE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP&T Title: VP&T (X) Change () Addition () Delete

Name: NASH, RHONDA J Name: NASH, RHONDA J 2595 HARBOR BLVD #207 18401 MURDOCK CIRCLE Address: Address: PT. CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33948 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RJ NASH VP&T 01/26/2009