

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90363 027 ***150.00

DOCUMENT # P98000094377					
1. Entity Name TOMOKA EYE ASSOCIATES, P.A.					
Principal Place of Business 345 CLYDE MORRIS BLVD SUITE 330 ORMOND BEACH, FL 32174			Mailing Address 345 CLYDE MORRIS BLVD STE 330 ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3534775	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAKOWSKI, MICHAEL K M.D. 345 CLYDE MORRIS BLVD. SUITE 330 ORMOND BEACH, FL 32174			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE TR	NAME MAKOWSKI, MICHAEL K M.D.		<input type="checkbox"/> Delete		
STREET ADDRESS 345 CLYDE MORRIS BLVD., STE. 330	ORMOND BEACH, FL 32174		TITLE VP		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME SPERTUS, ALAN D M.D.		<input type="checkbox"/> Delete		
STREET ADDRESS 345 CLYDE MORRIS BLVD., STE. 330	ORMOND BEACH, FL 32174		TITLE P		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P	NAME TEN HULZEN, RICHARD D M.D.		<input type="checkbox"/> Delete		
STREET ADDRESS 345 CLYDE MORRIS BLVD., STE. 330	ORMOND BEACH, FL 32174		TITLE TR		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME KENNEDY, MARK E M.D.		<input type="checkbox"/> Delete		
STREET ADDRESS 345 CLYDE MORRIS BLVD., STE. 330	ORMOND BEACH, FL 32174		TITLE VP		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME SPERTUS, ALAN D M.D.		<input type="checkbox"/> Delete		
STREET ADDRESS 345 CLYDE MORRIS BLVD., STE. 330	ORMOND BEACH, FL 32174		TITLE P		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P	NAME TEN HULZEN, RICHARD D M.D.		<input type="checkbox"/> Delete		
STREET ADDRESS 345 CLYDE MORRIS BLVD., STE. 330	ORMOND BEACH, FL 32174		TITLE TR		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: 4/23/08		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: (386) 672-4232		