2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# P98000105726

Entity Name: TOWNSHIP EYE ASSOCIATES OF COCONUT CREEK, P.A.

Current Principal Place of Business:

4400 W. SAMPLE ROAD
SUITE 154
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4400 W. SAMPLE ROAD
SUITE 154
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 65-0883840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATHAN, JOEL
6611 NW 72ND PLACE
PARKLAND, FL 33067 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: D ( ) Delete
Name: NATHAN, JOEL MD
Address: 4400 W. SAMPLE ROAD
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NATHAN, JOEL MD
Address: 4400 W. SAMPLE ROAD, SUITE 154
City-St-Zip: COCONUT CREEK, FL 33073

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: JOEL NATHAN, M.D. PRES 03/30/2009

Electronic Signature of Signing Officer or Director Date