

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90151 022 ***150.00

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1. Entity Name

**DR. RAFAEL O. MOLLEGA, JR., & ASSOCIATES EYE
CLINIC OF NORTHWEST FLORIDA, P.A.**

Principal Place of Business

**12671 HIGHWAY 98 EAST
DESTIN, FL 32541**

Mailing Address

**108 BEAL PARKWAY, SOUTH
FORT WALTON BEACH, FL 32548**



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3553942

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SUSAN M. SURBER, P.A., C.P.A.
108 BEAL PARKWAY, SOUTH
FORT WALTON BEACH, FL 32548**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE P
NAME MOLLEGA, RAFAEL O
STREET ADDRESS 1180 FOREST SHORE DRIVE
CITY-ST-ZIP DESTIN, FL 32541**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL MOLLEGA

4/29/04

Date

Daytime Phone #