Apr 29 05 10:00a frontdesk
04/29/2005 09:37 8502442210 SUSAN M SUR

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90165 012 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000004219

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

01232005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3553942 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
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: ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOLLEGA, RAFAEL O 1180 FOREST SHORE DRIVE DESTIN, FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________ 4-29-05 850-269-3937
Signature and typed or printed name of signing officer or director Date Daytime Phone #