

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000044475

FILED
Apr 28, 2008
Secretary of State

Entity Name: EYE SPECIALISTS OF FLORIDA, P.A.

Current Principal Place of Business:

4880 NORTH HWY 19A
SUITE 100
MOUNT DORA, FL 32757

New Principal Place of Business:

1230 OAKLEY SEAVER BLVD
CLERMONT, FL 34711

Current Mailing Address:

P O BOX 687
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 59-3576311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUFFIELD LOWMAN
1000 LEGION PLACE
SUITE 1700
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

MEIER, GREGORY W
1000 LEGION PLACE
SUITE 1700
ORLANDO, FL 32801 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: GREGORY W. MEIER

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: TOPPINO, MAYSSA A
Address: 4880 NORTH HWY 19A, SUITE 100
City-St-Zip: MOUNT DORA, FL 32757

Title: V () Delete
Name: TOPPINO, PHILIP M
Address: 4880 N HWY 19A, SUITE 100
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: TOPPINO, MAYSSA A
Address: P.O. BOX 687
City-St-Zip: MINNEOLA, FL 34755

Title: V (X) Change () Addition
Name: TOPPINO, PHILIP M
Address: P.O. BOX 687
City-St-Zip: MINNEOLA, FL 34755

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: PHILIP M. TOPPINO

V

04/28/2008

Electronic Signature of Signing Officer or Director

Date