


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2007 08:00-AM
Secretary of State

DOCUMENT # S02310 1. Entity Name VITREOUS AND RETINA CONSULTANTS, P.A.	
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Principal Place of Business 250 AVENUE K, SOUTHWEST SUITE 200 WINTER HAVEN, FL 33880	Mailing Address 250 AVENUE K, SOUTHWEST SUITE 200 WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE



05312007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3028408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MISCH, DAVID M MD 250 AVE K, SW SUITE 200 WINTER HAVEN, FL 33880
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**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 fee if applicable. (NOTE: Registered Agent signature required when retaking) DATE: 07/12/07-80003-024 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MISCH, DAVID M. M.D. 250 AVENUE K, SOUTHWEST, SUITE 200 WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BERGER, ADAM MD 250 AVENUE K, SOUTHWEST, SUITE 200 WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #