

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S02310

FILED
Feb 17, 2009
Secretary of State

Entity Name: VITREOUS AND RETINA CONSULTANTS, P.A.

Current Principal Place of Business:

250 AVENUE K, SOUTHWEST
SUITE 200
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

250 AVENUE K, SOUTHWEST
SUITE 200
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-3028408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MISCH, DAVID M MD
250 AVE K, SW
SUITE 200
WINTER HAVEN, FL 33880 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: PSTD () Delete
Name: MISCH, DAVID M. M.D.,
Address: 250 AVENUE K, SOUTHWEST, SUITE 200
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD () Delete
Name: BERGER, ADAM MD
Address: 250 AVENUE K, SOUTHWEST, SUITE 200
City-St-Zip: WINTER HAVEN, FL 33880

Title: SEC () Delete
Name: TOLENTINO, MICHAEL J MD
Address: 250 AVENUE K, SOUTHWEST SUITE 200
City-St-Zip: WINTER HAVEN, FL 33880

Title: TRES () Delete
Name: MOON, SUK JIN MD
Address: 250 AVENUE K, SOUTHWEST SUITE 200
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MISCH, DAVID M. M.D.,
Address: 250 AVENUE K, SOUTHWEST, SUITE 200
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: TOLENTINO, MICHAEL J MD
Address: 250 AVENUE K, SOUTHWEST SUITE 200
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD (X) Change () Addition
Name: MOON, SUK JIN MD
Address: 250 AVENUE K, SOUTHWEST SUITE 200
City-St-Zip: WINTER HAVEN, FL 33880

Title: ASD () Change (X) Addition
Name: HAMILTON, RICHARD S
Address: 250 AVENUE K SOUTHWEST SUITE 200
City-St-Zip: WINTER HAVEN, FL 33880

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: DAVID M MISCH

PD

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date