

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# S02310

**FILED**  
**Feb 02, 2010**  
**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID MISCH

PD

02/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date