2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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 ( )**

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, SOUTWEST 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 01/06/2011

Electronic Signature of Signing Officer or Director — Date