

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19026

FILED
Jul 08, 2005
Secretary of State

Entity Name: VITREO-RETINAL CONSULTANTS OF THE PALM BEACHES, P.A.

Current Principal Place of Business:

2521 METROCENTRE BLVD
SUITE 201
WEST PALM BEACH, FL 33407

New Principal Place of Business:

2521 METROCENTRE BLVD
WEST PALM BEACH, FL 33407

Current Mailing Address:

2521 METROCENTRE BLVD
SUITE 201
WEST PALM BEACH, FL 33407

New Mailing Address:

2521 METROCENTRE BLVD
WEST PALM BEACH, FL 33407

FEI Number: 65-0233449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELGEN, SALOMON
2521 METROCENTRE BLVD
WEST PALM BEACH, FL 33407 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MELGEN, SALOMON, M.D. .
Address: 2521 METROCENTRE BLVD
City-St-Zip: WEST PALM BEACH, FL

Title: D () Delete
Name: MELGEN, SALOMON, M.D. .
Address: 2521 METROCENTRE BLVD
City-St-Zip: WEST PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SALOMON MELGEN

PST

07/08/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date