

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S25135**

1. Entity Name

CENTER FOR SIGHT OF NORTHWEST FLORIDA, P.A.



Principal Place of Business

6190 N DAVIS HWY  
PENSACOLA, FL 32504 US

Mailing Address

6190 N DAVIS HWY  
PENSACOLA, FL 32504 US



03092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3037958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEUCHTMAN, GARY B.  
3 WEST GARDEN STREET  
600 BLOUNT BUILDING  
PENSACOLA, FL 32501

**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 title if applicable

(NOTE: Registered Agent signature required when re-installing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DR.
NAME	RIFAI, AREF
STREET ADDRESS	6190 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL
TITLE	DR.
NAME	GALBAY, EDWARD J.
STREET ADDRESS	6190 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	DR.
NAME	HARBOUR, ROBERT C.
STREET ADDRESS	6190 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	DR.
NAME	MCKNIGHT, TIPTON G
STREET ADDRESS	6190 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	DR.
NAME	CORDER, DONNA
STREET ADDRESS	6190 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000473013  
03/30/06-80014-017 150.00

**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

3/16/06

810 476 9336

Date

Daytime Phone #