

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 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**



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3037958**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**1101000676038  
03/30/07-80043-008 150.00**

**10. OFFICERS AND DIRECTORS**

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

**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

Date

Daytime Phone #

**3/21/07**

**850 476 9236**