

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90007 030 ***150.00

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
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40058295



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03082008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3037958	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEUCHTMAN, GARY B. 3 WEST GARDEN STREET 600 BLOUNT BUILDING PENSACOLA, FL 32501	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. RIFAI, AREF 6190 N DAVIS HWY PENSACOLA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. GALBAYV, EDWARD J. 6190 N DAVIS HWY PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. HARBOUR, ROBERT C. 6190 N DAVIS HWY PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. MCKNIGHT, TIPTON G 6190 N DAVIS HWY PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. CORDER, DONNA 6190 N DAVIS HWY PENSACOLA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		DR. CLINTON FLETCHER 6190 N DAVIS HWY PENSACOLA, FL 32504	

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 information.

SIGNATURE: X Aref Rifai 3/11/08 850-476-9236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #