

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S25135

FILED  
Feb 19, 2010  
Secretary of State

**Entity Name:** CENTER FOR SIGHT OF NORTHWEST FLORIDA, P.A.

**Current Principal Place of Business:**

6190 N DAVIS HWY  
PENSACOLA, FL 32504 US

**New Principal Place of Business:**

**Current Mailing Address:**

6190 N DAVIS HWY  
PENSACOLA, FL 32504 US

**New Mailing Address:**

**FEI Number:** 59-3037958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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:**

02/19/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DR.  
**Name:** RIFAI, AREF  
**Address:** 6190 N DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32504 US

**Title:** DR.  
**Name:** GALBAVY, EDWARD J  
**Address:** 6190 N DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32504 US

**Title:** DR.  
**Name:** HARBOUR, ROBERT C  
**Address:** 6190 N DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32504 US

**Title:** DR.  
**Name:** MCKNIGHT, GEORGE T  
**Address:** 6190 N DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32504 US

**Title:** DR  
**Name:** FLETCHER, CLINTON L  
**Address:** 6190 N DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32504 US

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:** AREF RIFAI

DR

02/19/2010

Electronic Signature of Signing Officer or Director

Date