2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2014
Secretary of State
CC0026544486

DOCUMENT# J97080

Entity Name: MID-FLORIDA EYE CENTER, P.A.

Current Principal Place of Business:

17560 U.S. HWY 441
MOUNT DORA, FL 32757

Current Mailing Address:

17560 U.S. HWY 441
MOUNT DORA, FL 32757

FEI Number: 59-2848302

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PULLUM, J. STEPHEN
1330 W CITIZENS BLVD.
SUITE 701
LEESBURG, FL 34748 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD	Title	VD
Name	BAUMANN, JEFFREY DM.D.	Name	PANZO, GREGORY JM.D.
Address	17560 U.S. HWY 441	Address	17560 U.S. HWY 441
City-State-Zip:	MT DORA FL 32757	City-State-Zip:	MT DORA FL 32757
Title	VD	Title	SD
Name	KEITH, CHARLES M.D.	Name	MAIZEL, RAY DAVID M.D.
Address	17560 U.S. HWY 441	Address	17560 U.S. HWY 441
City-State-Zip:	MT DORA FL 32757	City-State-Zip:	MT DORA FL 32757
Title	TD		
Name	GOLDEY, STACIA HM.D.		
Address	17560 U.S. HWY 441		
City-State-Zip:	MT DORA FL 32757		

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: JEFFREY D BAUMANN, MD PD 04/18/2014

Electronic Signature of Signing Officer/Director Detail — Date