

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
- Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 536528 1. Entity Name ROWAN EYE CENTER, INC.	
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Principal Place of Business 5305 GRAND BLVD. NEW PORT RICHEY, FL 34652	Mailing Address 5305 GRAND BLVD. NEW PORT RICHEY, FL 34652
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DO NOT WRITE IN THIS SPACE

	
02102004	No Chg-P CR2E034 (10/03)
4. FEI Number 59-1747848	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROWAN, CAREY T MD 5305 GRAND BLVD. NEW PORT RICHEY, FL 34652

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.

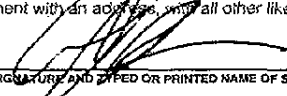
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000091971 03/18/04-80029-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROWAN, CAREY T 5305 GRAND BLVD. NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROWAN, PAMELA 5305 GRAND BLVD NEW PORT RICHEY, FL 34652
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	2/26/04 727-847-0889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #