2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SORTING OFFICER OR DIRECTOR

FILED Aug 08, 2006 08:00 Al Secretary of State DOCUMENT # J39943. · · · CAPE CORAL EYE CENTER, P.A. Principal Place of Business Mailing Address P.O BOX 101427 CAPE CORAL FL 33910 4120 DEL PRADO BLVD. CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) City & State 4. FEI Number Applied For City & State 59-2729764 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TYSON, FARRELL C II Street Address (P.O. Box Number is Not Acceptable) 4120 DEL PRADO BLVD. CAPE CORAL FL 33904 Crty Zip Code 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 egent and title if applicable. (NOTE: Registered Agent signature required whon reinstating) DATE FILE NOW!!! FEE IS \$550.00 \$.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete MILE Change ☐ Addition MARTIN, BENJAMIN G. NAME NAME 4120 DEL PRADO BLVD. STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY - ST - ZIP CITY-ST-ZIP VP/D TITLE ☐ Delete ☐ Change ☐ Addition TYSON, FARRELL C II NAME NAME 4120 DEL PRADO BLVD. STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY ST 70 CITY-ST-ZP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Add₁tion STREET ADDRESS STREET ADDRESS CMY-ST-7IP CITY-ST-ZIP ☐ AddItion TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 tegal 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

Daytima Phone #