

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90308 014 ***150.00

DOCUMENT # P00000004647

1. Entity Name
 LASIK PRO, P.A.



Principal Place of Business
 121 W. UNDERWOOD ST.
 ORLANDO, FL 32806-1111

Mailing Address
 121 W. UNDERWOOD ST.
 ORLANDO, FL 32806-1111



03182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3619148 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEN BESTE, BRIAN P.O.D.
 121 W. UNDERWOOD ST.
 ORLANDO, FL 32806-1111

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | D |
| NAME | BOODRAM, KRANSTON O.D. |
| STREET ADDRESS | 121 W. UNDERWOOD ST. |
| CITY-ST-ZIP | ORLANDO, FL 328061111 |
| TITLE | D |
| NAME | DEN BESTE, BRIAN P.O.D. |
| STREET ADDRESS | 121 W. UNDERWOOD ST. |
| CITY-ST-ZIP | ORLANDO, FL 328061111 |
| TITLE | D |
| NAME | MAGRUDER, G. BROCK JR OD |
| STREET ADDRESS | 121 W. UNDERWOOD ST. |
| CITY-ST-ZIP | ORLANDO, FL 328061111 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 my address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-05 407-843-5665
Date Daytime Phone #