

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000048912

FILED
Apr 18, 2005
Secretary of State

Entity Name: NAZARIO EYE ASSOCIATES, O.D., P.A.

Current Principal Place of Business:

INSIDE SEARS OPTICAL IN ALTAMONTE MALL
403 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

1367 PACIFIC CT
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 59-3726894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAZARIO, ALBA
INSIDE SEARS OPTICAL IN ALTAMONTE MALL
403 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

NAZARIO, CALVIN
INSIDE SEARS OPTICAL IN ALTAMONTE MALL
403 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701 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: CALVIN NAZARIO

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NAZARIO, ALBA
Address: 403 E ALTAMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NAZARIO, CALVIN
Address: 403 E ALTAMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Change (X) Addition
Name: NAZARIO, ALBA
Address: 403 E ALTAMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CALVIN NAZARIO

P

04/18/2005

Electronic Signature of Signing Officer or Director

Date