


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90016 002 ***150.00

DOCUMENT # P04000045322	
1. Entity Name VISION SPECIALITY ASSOCIATES, P.A.	

Principal Place of Business 4399 35TH ST. N. ST. PETERSBURG, FL 33714	Mailing Address 4399 35TH ST. N. ST. PETERSBURG, FL 33714
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DO NOT WRITE IN THIS SPACE



07072006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0853342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGHEE, TRUMAN
 4399 35TH ST. N.
 ST. PETERSBURG, FL 33714

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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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MCGHEE, TRUMAN 4399 35TH ST. N. ST. PETERSBURG, FL 33714
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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 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: *[Signature]* O.D. Truman McGhee, President 7/10/06 727-515-4846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #