

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142362

Entity Name: BAILEY EYE CARE, INC.

FILED
Jan 20, 2005
Secretary of State

Current Principal Place of Business:

2074 SW SISTERS WELCOME RD.
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

2074 SW SISTERS WELCOME RD.
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 20-1765326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAFFORD, FRANK M ESQ.
224 EAST DUVAL STREET
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAILEY, PATRICIA L
Address: 2074 SW SISTERS WELCOME RD.
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: BAILEY, PATRICIA L
Address: 2074 SW SISTERS WELCOME RD.
City-St-Zip: LAKE CITY, FL 32025

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: PATRICIA L. BAILEY

DR.

01/20/2005

Electronic Signature of Signing Officer or Director

Date