

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90002 028 \*\*\*150.00

**DOCUMENT # P93000048258**



1. Entity Name  
**THE EYE CONSULTANTS, P.A.**

Principal Place of Business  
 217 MANATEE AVENUE, EAST  
 BRADENTON, FL 34208

Mailing Address  
 217 MANATEE AVENUE, EAST  
 BRADENTON, FL 34208

**54067373**



2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

07012004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**65-0425039**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FRIEDBERG, MURRAY**  
 217 MANATEE AVENUE, EAST  
 BRADENTON, FL 34208

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE MD  Delete  
 NAME ADLER, JONATHAN  
 STREET ADDRESS 217 MANATEE AVE EAST  
 CITY-ST-ZIP BRADENTON, FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MD  Delete  
 NAME MOSCOSO, WALTER  
 STREET ADDRESS 217 MARATEE AVE., E  
 CITY-ST-ZIP BRADENTON, FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MD  Delete  
 NAME EDELMAN, ROBERT  
 STREET ADDRESS 217 MANATEE AVE E  
 CITY-ST-ZIP BRADENTON, FL 34208

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MD  Delete  
 NAME SILVERMAN, SCOTT E  
 STREET ADDRESS 217 MANATEE AVENUE, EAST  
 CITY-ST-ZIP BRADENTON, FL 34208

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/04  
 Date

Daytime Phone #