


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0425039

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 FRIEDBERG, MURRAY
 217 MANATEE AVENUE, EAST
 BRADENTON, FL 34208

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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	MD MOSCOSO, WALTER 217 MARATEE AVE., E BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD EDELMAN, ROBERT 217 MANATEE AVE E BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SILVERMAN, SCOTT E 217 MANATEE AVENUE, EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(l), 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: _____ Date: 6/29/05 Daytime Phone #: (941) 748-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR