

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000051319

FILED  
Jul 07, 2005  
Secretary of State

Entity Name: THE OPTOMETRIC GROUP OF MID-FLORIDA, P.A.

**Current Principal Place of Business:**

407 AVENUE K, S.E.  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

407 AVENUE K, S.E.  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 59-3645177      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DAVIDSON, JOHN L  
407 AVENUE K, S.E.  
WINTER HAVEN, FL 33880      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ATTAWAY, EDWARD J OD  
Address: 114 WALDEMAR COURT  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete  
Name: TIVNAN, JOHN D  
Address: P.O. BOX 1549 N/A  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete  
Name: BRINTON, THOMAS W  
Address: 3856 GAINES DRIVE, S.E.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete  
Name: DAVIDSON, JOHN L  
Address: 5671 CYPRESS GARDENS ROAD  
City-St-Zip: WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN D TIVNAN

D

07/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date