


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 03, 2006 8:00 am
Secretary of State

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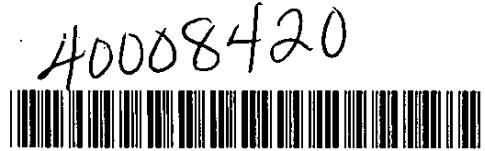
1. Entity Name
 THE OPTOMETRIC GROUP OF MID-FLORIDA, P.A.



Principal Place of Business
 407 AVENUE K, S.E.
 WINTER HAVEN, FL 33880

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

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01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3645177

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ATTAWAY, EDWARD J OD
STREET ADDRESS	114 WALDEMAR COURT
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	TIVNAN, JOHN D
STREET ADDRESS	P.O. BOX 1549 N/A
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	BRINTON, THOMAS W
STREET ADDRESS	3856 GAINES DRIVE, S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	DAVIDSON, JOHN L
STREET ADDRESS	5671 CYPRESS GARDENS ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____