

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


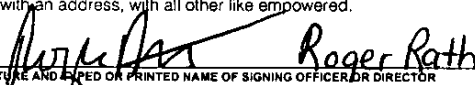
**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90002 018 \*\*\*150.00

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05172006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P98000087831</b>			
1. Entity Name CENTRAL FLORIDA EYE ASSOCIATES, P.A.			
Principal Place of Business 901 N. GROVE STREET EUSTIS, FL 32726		Mailing Address 901 N. GROVE STREET EUSTIS, FL 32726	
2. Principal Place of Business P.O. BOX 500		3. Mailing Address PO BOX 500	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State EUSTIS FL		City & State EUSTIS FL	
4. FEI Number 59-3536814		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 32727		Country	
6. Name and Address of Current Registered Agent BOYLES, WILLIAM A 301 E PINE STREET SUITE 1400 ORLANDO, FL 32801		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DPST RATH, ROGER 901 N GROVE ST EUSTIS, FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RATH, ROGER PO BOX 500 EUSTIS, FL 32727 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 6/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR		Daytime Phone #	