


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90007 036 ***158.75

DOCUMENT # F00000002018	
1. Entity Name DAVIS VISION, INC.	

Principal Place of Business 159 EXPRESS STREET PLAINVIEW, NY 11803	Mailing Address 159 EXPRESS STREET PLAINVIEW, NY 11803
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40058483



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03242008 Chg-P CR2E034 (12/06)

4. FEI Number 11-3051991	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

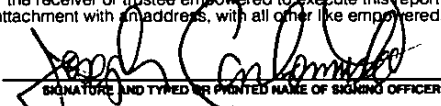
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, ROBERT C 120 FIFTH AVENUE PITTSBURGH, PA 15222 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENTERLINE, RICHARD J 1800 CENTER STREET 1A LEVEL 4 CAMP HILL, PA 17011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TASS GABEL, LAWRENCE M 159 EXPRESS STREET PLAINVIEW, NY 11803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLOMUSTO, JOSEPH 159 EXPRESS STREET PLAINVIEW, NY 11803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANDINO, DAVID A 5230 CENTRE AVENUE PITTSBURGH, PA 15232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 checked="" type="checkbox"/> Addition
		C/O Nanette Lynn Paden DeTurk Highmark Inc., 120 Fifth Avenue Pittsburgh, PA 15222	

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: 	X-2-08	(516) 982-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

Joseph Carlomusto, President and Chief Executive Officer.

ATTACHMENT

2008 For Profit Corporation Annual Report: *Rider A*
(Supplementing Item 10 & 11)

40058289

Full Listing of Officers & Directors of Davis Vision, Inc.

F00000002018

Title: D
Name: David Arthur Blandino, M.D.
Street Address: UPMC-Shadyside Hospital, 5230 Center Avenue, Pittsburgh, PA 15232

Title: P/D
Name: Joseph Carlomusto
Street Address: Davis Vision, Inc., 159 Express Street, Plainview, NY 11803

Title: C/D
Name: Nanette Lynn Paden DeTurk
Street Address: Highmark, Inc., 120 Fifth Avenue, Pittsburgh, PA 15222

Title: S
Name: Richard Joseph Enterline, Esq.
Street Address: Highmark, Inc., 1800 Center Street 1A 408, Camp Hill, PA 17011

Title: T/ASS
Name: Lawrence Martin Gabel
Street Address: Davis Vision, Inc., 159 Express Street, Plainview, NY 11803

Title: AST (Assistant Treasurer)
Name: Kevin Eric Marpoe
Street Address: Highmark Inc., 120 Fifth Avenue, Pittsburgh, PA 15222

Title: D
Name: Brett Christopher Moraski
Street Address: Highmark Inc., 120 Fifth Avenue, Pittsburgh, PA 15222

Title: D
Name: William Crothers Springer
Street Address: 7718 Ancient Indian Drive, Tucson, AZ 85718

Title: V
Name: Michael James O'Connor
Street Address: Davis Vision, Inc., 159 Express Street, Plainview, NY 11803

Title: V
Name: Dale Lee Paustian
Street Address: Davis Vision, Inc., 159 Express Street, Plainview, NY 11803

Title: V
Name: Thomas James Rosa
Street Address: Davis Vision, Inc., 2921 Erie Blvd. E., Syracuse, NY 13224

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Title: V
Name: Michael Lee Thibdeau
Street Address: 711 Troy Schenectady Road, Suite 301, Latham, NY 12110-2488

Title: V
Name: Alan Keith Thrower
Street Address: Davis Vision, Inc., 2921 Erie Blvd. E., Syracuse, NY 13224

Title: V
Name: Joseph Alan Wende, O.D.
Street Address: Davis Vision, Inc., 159 Express Street, Plainview, NY 11803

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DAVIS VISION INC.
CHECK REQUEST FORM

DATE 03/24/08

VENDOR NAME Florida Department of State

ADDRESS Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

AMOUNT \$158.75 CK NEEDED BY ASAP

DESCRIPTION Filing fee associated with Florida For-Profit Corporation
Annual Report.

REQUESTED BY Nicholas Peterson

APPROVED BY Heather N. Reynolds

Do not write below this line - for accounting department use only.

COMPANY _____

PERIOD POST _____

VENDOR ID _____

G/L# _____

DEPT# _____

COST CENTER# _____

REFERENCE# _____

1099 BOX _____

(If not provider, W-9 on File?) _____



ATTACHMENT
40058289

Nicholas Peterson
Legal Department
Davis Vision, Inc.
159 Express Street
Plainview, New York 11803
(516) 932-9500 ext. 3020
npeterson@davisvision.com

April 2, 2008

VIA OVERNIGHT MAIL

Florida Department of State
Division of Corporations
2760 Executive Center Circle
Suite 100
Tallahassee, FL 32301

**Re: 2008 For-Profit Corporation Annual Report for Davis Vision, Inc.
Document# F0000002018**

Dear Sir or Madam:

Enclosed, please find an executed copy of the foreign corporation annual report for our corporation, Davis Vision, Inc. for the calendar year of 2008. Additionally, please take notice of Rider A (a full listing of our Officers and Directors) to supplement item 10 and 11 of the annual report. Further, a check to the amount of one-hundred fifty-eight dollars and seventy-five cents (\$158.75) is enclosed to serve as the filing fee and fee associated with the issuance of Certificate of Status Desired.

We trust that you will find all necessary information to your satisfaction. If any questions arise, please feel free to directly contact the undersigned.

Thank you for your time and cooperation regarding this matter.

Sincerely Yours,

Nicholas Peterson
Compliance & Regulatory Affairs
Davis Vision, Inc.

Encls. hr