

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 507700

FILED
Apr 28, 2004
Secretary of State

Entity Name: JOSEPH F. DEVINE, DOCTOR OF OPTOMETRY, P.A.

Current Principal Place of Business:

948 PINE HILLS RD
BOX 15009
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

948 PINE HILLS RD
BOX 15009
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-1692456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVINE, JOSEPH R.
948 PINE HILLS ROAD
ORLANDO, FL 32808

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEVINE, JOSEPH R.,
Address: 25 INTERLAKEN ROAD
City-St-Zip: ORLANDO FL,

Title: ST () Delete
Name: DEVINE, PATRICIA M
Address: 25 INTERLAKEN RD.
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOSEPH R DEVINE

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date