

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

01-26-2004 90060 027 ***158.75

DOCUMENT # 536319 1. Entity Name OCALA EYE OPTICAL, INC.					
Principal Place of Business 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471			Mailing Address 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-1776319			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			01232004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent KING, WILLIAM 1531 SE 36TH AVENUE OCALA, FL 34471				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWENK, GORDON C MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POLACK, PETER J. MD 1500 SE MAGNOLIA EXTENSION SUITE 206 OCALA, FLORIDA 34471 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JANK, MARK A MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEATON, JOHN S DO 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARREN, RICHARD C MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, H. MICHAEL MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHANDER, SAMY MD 1500 SE MAGNOLIA EXT. STE 206 OCALA, FL 34471 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 affidavit of change.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR			Date: 1/23/04 352622-5183 Deputy Phone #		

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