

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90069 038 ***150.00

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 206 Ocala, FL 34471

50014913



2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip
 3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip

01312005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
 KING, WILLIAM
 1531 SE 36TH AVENUE
 Ocala, FL 34471

4. FEI Number: 59-1776319
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: SCHWENK, GORDON C MD STREET ADDRESS: 1500 SE MAGNOLIA EXTENSION SUITE 106 CITY-ST-ZIP: Ocala, FL 34471	<input type="checkbox"/> Delete
TITLE: VP NAME: JANK, MARK A MD STREET ADDRESS: 1500 SE MAGNOLIA EXTENSION SUITE 106 CITY-ST-ZIP: Ocala, FL 34471	<input type="checkbox"/> Delete
TITLE: VP NAME: DEATON, JOHN S DO STREET ADDRESS: 1500 SE MAGNOLIA EXTENSION SUITE 106 CITY-ST-ZIP: Ocala, FL 34471	<input type="checkbox"/> Delete
TITLE: VP NAME: WARREN, RICHARD C MD STREET ADDRESS: 1500 SE MAGNOLIA EXTENSION SUITE 106 CITY-ST-ZIP: Ocala, FL 34471	<input type="checkbox"/> Delete
TITLE: VP NAME: MORRIS, H. MICHAEL MD STREET ADDRESS: 1500 SE MAGNOLIA EXTENSION SUITE 106 CITY-ST-ZIP: Ocala, FL 34471	<input type="checkbox"/> Delete
TITLE: VP NAME: CHANDER, SAMY MD STREET ADDRESS: 1500 SE MAGNOLIA EXT STE 206 CITY-ST-ZIP: Ocala, FL 34471	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VP NAME: Polack, Peter J. MD STREET ADDRESS: 1500 SE Magnolia Extension Suite 106 CITY-ST-ZIP: Ocala, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: Morris, Michael MD STREET ADDRESS: 1500 SE Magnolia Extension, Suite 106 CITY-ST-ZIP: Ocala, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: Chander, Samy MD STREET ADDRESS: 1500 SE Magnolia Extension Suite 106 CITY-ST-ZIP: Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gordon C. Schwenk Gordon C. Schwenk MD/President 2/1/05 (352) 622-5183
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #