

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 597345

FILED
Apr 22, 2005
Secretary of State

Entity Name: ROBERT B. SCOTT OCULARISTS OF FLORIDA, INC.

Current Principal Place of Business:

3500 E FLETCHER AVENUE
SUITE 509
TAMPA, FL 336134791 US

New Principal Place of Business:

Current Mailing Address:

111 N WABASH AVENUE
SUITE 1516
CHICAGO, IL 60602 US

New Mailing Address:

FEI Number: 58-1345960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, VIVIAN
3005 N. BEACH RD
ENGLEWOOD, FL 34223 US

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: TD () Delete
Name: SCOTT, ROBERT B
Address: 3005 N. BEACH RD.
City-St-Zip: ENGLEWOOD, FL 34223

Title: S () Delete
Name: SCOTT, VIVIAN A.,
Address: 3005 N. BEACH RD.
City-St-Zip: ENGLEWOOD, FL 34223

Title: P () Delete
Name: SCOTT, ROLAND B.
Address: 12 N. PINE ST.
City-St-Zip: MT. PROSPECT, IL

Title: T () Delete
Name: SCOTT, BONNY
Address: 12 N. PINE ST.
City-St-Zip: MOUNT PROSPECT, IL 60056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BONNY J. SCOTT

T

04/22/2005

Electronic Signature of Signing Officer or Director

Date