

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 597345

1. Entity Name

ROBERT B. SCOTT OCULARISTS OF FLORIDA, INC.



Principal Place of Business

3500 E FLETCHER AVENUE
SUITE 509
TAMPA, FL 33613-4791 US

Mailing Address

111 N WABASH AVENUE
SUITE 1516
CHICAGO, IL 60602 US



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1345960

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000400397
02/02/06-80002-012 150.00

10.

OFFICERS AND DIRECTORS

TITLE

TD

NAME

SCOTT, ROBERT B

STREET ADDRESS

3005 N. BEACH RD.

CITY-ST-ZIP

ENGLEWOOD, FL 34223

TITLE

S

NAME

SCOTT, VIVIAN A.

STREET ADDRESS

3005 N. BEACH RD.

CITY-ST-ZIP

ENGLEWOOD, FL 34223

TITLE

P

NAME

SCOTT, ROLAND B.

STREET ADDRESS

12 N. PINE ST.

CITY-ST-ZIP

MT. PROSPECT, IL

TITLE

T

NAME

SCOTT, BONNY

STREET ADDRESS

12 N. PINE ST.

CITY-ST-ZIP

MOUNT PROSPECT, IL 60056

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Bonny J. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonny J. Scott

Date

Daytime Phone #

1/20/06 312 782 3558