

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90197 011 \*\*\*150.00

**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 1620  
CHICAGO, IL 60602 US**

60001866



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent
<b>SCOTT, VIVIAN 3005 N. BEACH RD. ENGLEWOOD, FL 34223</b>	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)  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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	TD SCOTT, ROBERT B 3005 N. BEACH RD. ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, VIVIAN A. 3005 N. BEACH RD. ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, ROLAND B. 12 N. PINE ST. MT. PROSPECT, IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, BONNY 12 N. PINE ST. MOUNT PROSPECT, IL 60056 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **Bonny J. Scott** 1-12-07 307823558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #