

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601678

FILED
Apr 20, 2005
Secretary of State

Entity Name: MITTLEMAN EYE CENTER, P.A.

Current Principal Place of Business:

2601 N FLAGLER DR
SUITE 203
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

2601 N FLAGLER DR
SUITE 203
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 59-1277528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITTLEMAN DAVID A MD
2601 N FLAGLER DR STE 203
W. PALM BEACH, FL 33407 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: PST () Delete
Name: MITTLEMAN, DAVID A.
Address: 2735 MEADOWLARK LANE
City-St-Zip: W. PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DAVID MITTLEMAN

PST

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date