

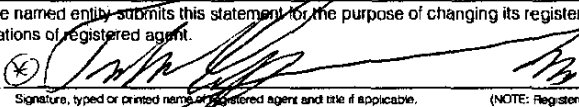
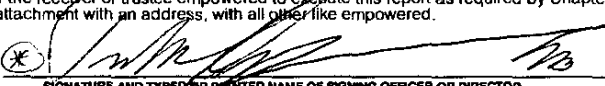


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90232 009 ***150.00

DOCUMENT # 604390 1. Entity Name PALM BEACH EYE GROUP, REGINALD J. STAMBAUGH, M.D., P.A.					
Principal Place of Business 1411 N FLAGLER DR STE 7600 WEST PALM BEACH, FL 33401-3419 US			Mailing Address 1411 N FLAGLER DR STE 7600 WEST PALM BEACH, FL 33401-3419 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 2889 10th Ave N. Suite 306 Lake Worth, FL. 33461 City & State Zip			
Country US		Country US		4. FEI Number 59-1480084 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STAMBAUGH, REGINALD J M.D. 1411 N FLAGLER DR #7600 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Tom Coffman MD Street Address (P.O. Box Number is Not Acceptable) 2889 10th Ave N. Suite 306 City Lake Worth FL Zip Code 33461		
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  DATE 4/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PDT STAMBAUGH, REGINALD J 272 QUEENS LANE PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tom Coffman MD 2889 10 th Ave N. Suite 306 Lake Worth, FL. 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Madonna Coffman 2889 10 th Ave N. Suite 306 Lake Worth, FL. 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input 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)(i), 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:  DATE 4/22/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					