


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000000191

1. Entity Name
EYE PARTNERS, P.C.



Principal Place of Business 2800 ROSS CLARK CIRCLE DOTHAN, AL 36301-2017	Mailing Address 2800 ROSS CLARK CIRCLE DOTHAN, AL 36301-2017
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03212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1232935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

BYRD, SHARRON
C/O EYE CENTER SOUTH
210 FOREST PARK CIRCLE
PANAMA CITY, FL 32405

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000489049 04/17/06-80031-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HEERSINK, MARNIX E 2800 ROSS CLARK CIRCLE DOTHAN, AL 363012017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS WALLACE, J. KENNETH 2800 ROSS CLARK CIRCLE DOTHAN, AL 363012017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTIN, JEAN-GUY 2800 ROSS CLARK CIRCLE DOTHAN, AL 363012017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNEMANN, ANDREW 2800 ROSS CLARK CIRCLE DOTHAN, AL 363012017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, WILLIAM L 2800 ROSS CLARK CIRCLE DOTHAN, AL 363012017
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: MM Heersink 3/28/06 334-793-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #